

Consent Expiration Date: \_\_\_\_\_



A program of the North Carolina Housing Coalition

**CAROLINA HOMELESS INFORMATION NETWORK**

118 St. Mary's Street | Raleigh, NC 27605 | 877.703.3176 (Help Desk) | 919.881.0350 (FAX)

**CLIENT CONSENT FOR RELEASE OF GENERAL INFORMATION**

This form is about the Carolina Homeless Information Network's Homeless Management Information System (called the "CHIN HMIS"). This agency and many other agencies in North Carolina use the CHIN HMIS to keep computerized records. The information contained in your case records is considered confidential and privileged and cannot be exchanged/shared/released without your express and informed written consent, except where authorized by law. We would like your permission to enter information about you into the CHIN HMIS and to share that information with other participating agencies in order to provide the most effective services and housing possible. CHIN upholds your right not to be denied services if you refuse to share your information through the HMIS. However, be advised that agency-specific policies and procedures concerning your rights regarding the sharing of information may differ, please discuss any differences with your service provider.

Circle "Yes" or "No" to indicate whether you consent to the following:

- YES / NO** #1 I agree that this agency may enter all of my CHIN HMIS case record information on file with this agency in the CHIN HMIS. (IF NO, no information will be entered into the CHIN HMIS. ; please inquire about service implications, if any, with your service provider.)
- YES / NO** #2 I agree that this agency may share my name, social security number-if collected, date of birth, and gender, and veteran status (referred to as my "Basic Demographic Information") with other participating agencies to enable those agencies to pull up my record when I access services elsewhere, saving time and data entry. (IF NO, your file will be hidden from other agencies. ; please inquire about service implications, if any, with your service provider.)
- YES / NO** #3 I agree that this agency may share the rest of my CHIN HMIS case record information, in addition to my Basic Demographic Information, with participating agencies to help evaluate other services that may be of benefit to me (but not including certain sensitive information about me such as my case notes, mental health information or HIV/AIDS status, or any substance abuse or domestic violence information about me). (If NO, other agencies will not see that you have been to this agency or what services you have received from us; please inquire about service implications, if any, with your service provider.)

By signing below, you acknowledge that you agree with each of the following statements:

- I understand that this agency will obtain information from me even if it is not entered into the CHIN HMIS and that information will be kept in hardcopy form on file with this agency for purposes of reporting statistical and non-identifying information to the federal and state governments as required by law.
- I understand that I may request and obtain a written copy of the CHIN Privacy Policies to learn more about the use of the information and my rights as a client of this agency.
- I understand that even if I permit sharing of my information with other participating agencies, sharing certain sensitive information about me with other participating agencies such as my case notes, mental health information or HIV/AIDS status, or any substance abuse or domestic violence information about me will require my specific authorization.
- I understand that even if I permit sharing of my other non-sensitive information with other participating agencies, I may still request that (1) certain parts of my case record be withheld from other agencies AND/OR (2) specific agencies be blocked from viewing my information by completing the "CHIN HMIS Sharing Exceptions" form.
- I understand that I have the right to revoke this consent at any time and that such revocation must be in writing. I understand that there may have been information shared and services provided based on this consent when it was in effect. Revoking this consent cannot change that.

I understand that my consent to sharing of information is valid for [1 year] from the date I sign this document.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Name (Print): \_\_\_\_\_

Date: \_\_\_\_\_ Agency Witness: \_\_\_\_\_

*If you have dependents under the age of 18 with you at the time you enter this agency, please provide us with the names of those dependents and complete the Legal Guardian Consent Form for Dependents for each of them.*

Consent Expiration Date: \_\_\_\_\_



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**LEGAL GUARDIAN CONSENT FOR RELEASE OF GENERAL INFORMATION FOR DEPENDENTS UNDER 18**

*This consent applies to the following dependents:*

NAME \_\_\_\_\_ AGE \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_

Circle "Yes" or "No" to indicate whether you consent to the following:

**YES / NO** #1 I agree that this agency may enter all of my dependents' CHIN HMIS case record information on file with this agency in the CHIN HMIS. (If NO, no information will be entered into the CHIN HMIS; please inquire about service implications, if any, with your service provider.)

**YES / NO** #2 I agree that this agency may share my dependents' name, social security number-if collected, date of birth and gender, and veteran status (referred to as their "Basic Demographic Information") with other participating agencies to enable those agencies to pull up their records, saving time and data entry, when my dependents access services elsewhere. (If NO, your file will be hidden from other agencies; please inquire about service implications, if any, with your service provider.)

**YES / NO** #3 I agree that this agency may share the rest of my dependents' CHIN HMIS case record information, in addition to their Basic Demographic Information, with participating agencies to help evaluate other services that may be of benefit to my dependents (but not including certain sensitive information about them such as their case notes, mental health information or HIV/AIDS status, or any substance abuse or domestic violence information about them). (If NO, other agencies will not see that your dependents have been to this agency or what services they have received from us ; please inquire about service implications, if any, with your service provider.)

By signing below, you acknowledge that you agree with each of the following statements:

- The Carolina Homeless Information Network (CHIN) is a program of the North Carolina Housing Coalition and a shared network database with agencies that participate in the CHIN Emergency Assistance Network
- I understand that this agency will obtain information about my dependents even if it is not entered into the CHIN HMIS and that information will be kept in hardcopy form on file with this agency for purposes of reporting statistical and non-identifying information to the federal and state governments as required by law.
- I understand that I may request and obtain a written copy of the CHIN Privacy Policies to learn more about the use of the information and our rights as clients of this agency.
- I understand that even if I permit sharing of my dependents' information with other participating agencies, sharing certain sensitive information about my dependents with other participating agencies such as their case notes, mental health information or HIV/AIDS status, or any substance abuse or domestic violence information about them will require my specific authorization.
- I understand that even if I permit sharing of my dependents' other non-sensitive information with other participating agencies, I may still request that (1) certain parts of the case record of my dependents be withheld from other agencies AND/OR (2) specific agencies be blocked from viewing their information by completing the "CHIN HMIS Sharing Exceptions" form.
- I understand that I have the right to revoke this consent at any time and that such revocation must be in writing. I understand that there may have been information shared and services provided based on this consent when it was in effect. Revoking this consent cannot change that.
- I understand that my consent to sharing of information is valid for [1 year] from the date I sign this document.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Name (Print): \_\_\_\_\_

Date: \_\_\_\_\_

Agency Witness: \_\_\_\_\_