

**“CoC and counties included” NC HMIS
CLIENT RELEASE OF INFORMATION & SHARING PLAN
SECTION 1- Identifying Information**

This form is about the North Carolina Statewide Homeless Management Information System. We call this NC HMIS or the “System”. Many shelters and other helping programs use the NC HMIS system. The NC HMIS System keeps information about clients that get help here.

We collect personal information directly from you as a way of providing the best services to meet your needs. We only collect information that we consider to be appropriate. The collection and use of all personal information is guided by strict standards of confidentiality.

The information will be used by us and other helping agencies according to the sharing plan attached:

- Allow us to work with other agencies to help you
- Help case managers work together to provide you complete service
- Reduce the number of times you have to tell your story
- Allow us to continue receiving funds to provide services
- Allow us to apply for additional funds for services
- Allow us to see what are the most common needs and whether or not we are meeting those needs

Finding Your Record:

- I know that the only information other agencies can see without my permission are my name, year of birth, gender, veteran status, and partial SS#. This information is used to find my record in the System and make sure that I have one and only one record. My name does let other participating agencies know that I have been helped by an agency somewhere in North Carolina. It does not identify the agency, what services I received, or where I received services.
- There may be a reason why sharing my name, year of birth, gender, veteran status, and partial SS# on the open part of the system may put a family member or me at risk. If that is true, I have initialed below that this information should **NOT** be left visible.
Name, Year of Birth, Gender, Partial SS#, Veteran Status: _____,
- I know that if I have already received services from an organization using the System and I have left my name visible, I will have to ask that organization to also close my “Profile/Name”. The name is usually left visible in our System to allow service providers to better coordinate services.
- I know that there is a list of all the agencies in the NC HMIS System that I can find on the Internet at www.NCHMIS.org. These agencies must follow strict privacy laws. The agencies in the system may change from time to time.
- I know that no additional information about me can be shared unless I sign the attached Sharing Plan agreeing to share additional information.

CLIENT RELEASE OF INFORMATION & SHARING PLAN
SECTION 2 – Sharing Plan

Put your initials next to the statements that you understand and agree to:

- ___ I have received a copy of this Agency’s Privacy Notice/script that explains NC HMIS and my rights and responsibilities associated with how information is kept and shared through this system..
- ___ I understand that my written consent allows the information listed in the Sharing Plan to be shared among the agencies listed in the Sharing Plan. All sharing agencies where I am receiving services may update that information as I provide additional or new information. The purpose of sharing my information is to better coordinate care for me and my family.
- ___ I understand that the confidentiality of my records is protected by law. I understand that this agency will never give information about me to anyone outside the agency without my specific written consent through a Sharing Plan or as required by law (The regulations are the Federal Law of Confidentiality for Alcohol and Drug Abuse Patients, (42 CFR, Part 2) and the Health Insurance Portability and Accountability Act of 1996 (HIPPA), 45 CRF, Parts 160 & 164) and certain North Carolina laws.
- ___ I understand that Agencies included in my Sharing Plan must follow strict privacy guidelines.
- ___ I can withdraw my consent to share at any time; however any information already shared with another agency cannot be taken back. I also understand that the request to discontinue sharing will have to be coordinated between sharing partners. I should tell any agencies that I am seeing included on the Plan when I withdraw my consent.
- ___ I understand that I have the right to see my information, request to change it, and to have a copy of that information from the servicing agency by written request.
- ___ I understand that the refusal to share information in this system will not be used to deny me services such as emergency assistance, outreach, shelter, or housing assistance.
- ___ I understand that some of my information may be disclosed for academic research purposes without identifying information included. My name and other identifying information may be used to match records but will not be released to be used directly in the research unless I sign a separate consent when identifying information is a requirement for the Study (example: so a researcher can contact me).

The following Sharing Plan describes what information will be shared with other agencies and the specific agencies included in the Sharing Plan.

Sharing Plan

What information is shared about you?

Shared Information:

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-
-
-
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-

Shared Information Continued:

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This agency routinely shares information with the helping organizations or programs listed below. Please note that any organization or program listed below can share your information with the other organizations listed on this Release.

What helping agencies can see additional information about me?

Name of Agencies Participating in Sharing

-
-
-
-
-

Name of Agencies Participating in Sharing

-
-
-
-
-

Yes, I agree to share according to the Sharing Plan.

No, I do not agree to the Sharing Plan.

Client signature: _____, Date: _____

Signature of guardian or authorized-representative (when required): _____

Relationship to client: _____ Date signed by guardian/authorized representative: _____