

CRHMIS MINOR Client Release of Information

To better assist in the coordination and provision of services, we are requesting your permission to share limited information about you with other homeless services providers. As the owner of your own information within the CRHMIS, you have the right to choose whether or not other users of the system can see any of your personal information and on what level. HIV/AIDS information, Domestic Violence information, Behavioral health (mental illness and substance abuse) and client notes are NOT shared through the HMIS. This consent will be in effect for a minimum of 36 months but may be revoked at any time.

Please check the (1) box below which indicates the level at which you are willing to share your information with the homeless services coordinators and providers in the community;

- 1) ___ I agree to share my name, gender and program enrollment history through the HMIS with other provider homeless services agencies.
- 2) ___ I agree to share my name, gender, program enrollment history, demographic, income and contact information through the HMIS with other partner homeless services agencies.
- 3) ___ I do NOT agree to share any of my information through the HMIS with other partner homeless services agencies.

PRINTED NAMES OF ALL MINOR CHILDREN OR DEVELOPMENTALLY DISABLED HOUSEHOLD MEMBERS COVERED BY THIS AGREEMENT:

By signing this form, I agree to share the above level of information with other partner agencies via the HMIS Computer System:

Print name of Guardian or Power of Attorney

Print name of Witness

Signature of Client, Guardian or Power of Attorney

Signature of Witness
