

CRHMIS Inclusion Disclosure

_____ (agency name) _____ participates in the CARES Regional Homeless Management Information System (CRHMIS). This means that we collect information about your household and input it into a secure and private database that allows us to keep track of that information to better assess and serve your needs.

The CRHMIS is dedicated to the privacy and safeguarding of the information collected and input into the HMIS database and does not publish identifying, client level data. For more information and copies of this form, please see our complete policy and procedure manual, which includes information on opting out of the HMIS, data ownership and a list of research and coordination projects that use HMIS information at www.caresny.org. Please initial below to indicate that you have received this information.

Client Initials: _____

CRHMIS 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.

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 Client, Guardian or Power of Attorney

Print name of Witness

Signature of Client, Guardian or Power of Attorney

Signature of Witness

Date

Date

INSTRUCTIONS:

1) These are two separate forms sharing one page for convenience and resource conservation.

2) A form must be filled out for EACH household member. Minors may NOT sign for themselves or their children, even if they are the head of household. The additional MINOR consent should be filled out and signed by a parent or guardian for all minors or adult household members with developmental disabilities which would preclude them from signing the consent themselves.

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The CRHMIS has moved from *inferred consent* (a posted sign) to an *inclusion disclosure* for the HMIS. **No consumer consent is required by the CRHMIS to enter consumer data.** This disclosure replaces the posted sign but fulfills the same purpose. Consumers are asked to initial that they received the information. This is in addition to any agency specific or CoC specific forms that may be presented upon intake.

While individual agencies and projects may have their own, overriding policies, refusing to initial the inclusion disclosure does **NOT** indicate a refusal to be included in the HMIS and does not automatically disqualify consumers from receiving services from the agency or project; agency and CoC policy regarding how to handle that situation should still be followed as it has been in past years.

CRHMIS Client Release of Information

The CRHMIS is not an open system and does not automatically share data between agencies. In order to better coordinate case care; however, the CRHMIS Advisory Committee has agreed to a stepped implementation of consumer-driven data sharing. If your project allows data sharing (please contact kclark@caresny.org if you are not sure) the consumer may choose to share some or most of their data within the HMIS. This data is shared only to other HMIS users who have been through training in the system and agreed to all privacy and security policies. Special needs (i.e. mental health, HIV status, substance abuse status) are NEVER Shared between agencies.

If your agency or project DOES NOT participate in data sharing, you must check option 3 on this sheet and have the consumer sign, indicating that they understand that their data will NOT be shared regardless of preference. When entering the intake into HMIS, "No Sharing" is the default and, in this circumstance will be left at the default and the intake processed. Monitoring will include checking to ensure that physical forms and HMIS records match.

If your agency and project DOES participate in data sharing, you must give the consumer the choice to share at level 1 (most restrictive but still shared), 2 (less restrictive) or 3 (no sharing at all). The consumer must then sign and date the form. Monitoring will include checking to ensure that physical forms and HMIS records match