

Client Release of Information

for the San Antonio / Bexar County Continuum of Care’s Homeless Information Management System

To provide you with the most effective and efficient service, we must collect relevant data for our Homeless Management Information System (HMIS). This secure and confidential database operated by trained representatives allows providers to work together with you to make sure you are receiving the assistance you need in a timely manner. Beyond that, the HMIS allows the CoC to get an accurate count of all people experiencing homelessness or who are at risk of homelessness in San Antonio / Bexar County. To help us to improve our current service system and make plans for new service, we need to collect your personally identifiable information (PII). To better coordinate with other agencies, you have the right to consent to release your information to these other agencies.

Please review the information below and sign and date where indicated. *[Note to staff, if working with a family, please complete the back of this form as well].*

I understand that this agency will enter my information into the Homeless Management Information System (HMIS). The information I have provided is true and correct. My information may be shared among local authorized service providers for the purpose of connecting me to services.

I understand that information about me that is in HMIS may be used by the agency and the San Antonio / Bexar County Continuum of Care to conduct research related to homelessness and housing programs, service needs, income supports, education and employment, and program effectiveness. My name, date of birth, social security number, or other information that would identify me personally will never be shared with anyone without my authorization.

An agency representative has answered my questions about my privacy concerns.

By signing this release form, I fully understand the above terms and conditions.

CLIENT NAME [PRINT] DATE CLIENT SIGNATURE DATE

AUTHORIZED PERSONNEL DATE AUTHORIZED SIGNATURE DATE
NAME [PRINT]

Client Consent on Behalf of Household Members

An adult head of household may provide consent on behalf of family members to share their information in the HMIS.

_____ FAMILY MEMBER NAME 1 [PRINT]	_____ HEAD OF HOUSEHOLD [INITIALS]
_____ FAMILY MEMBER NAME 1 [PRINT]	_____ HEAD OF HOUSEHOLD [INITIALS]
_____ FAMILY MEMBER NAME 2 [PRINT]	_____ HEAD OF HOUSEHOLD [INITIALS]
_____ FAMILY MEMBER NAME 3 [PRINT]	_____ HEAD OF HOUSEHOLD [INITIALS]
_____ FAMILY MEMBER NAME 4 [PRINT]	_____ HEAD OF HOUSEHOLD [INITIALS]
_____ FAMILY MEMBER NAME 5 [PRINT]	_____ HEAD OF HOUSEHOLD [INITIALS]
_____ FAMILY MEMBER NAME 6 [PRINT]	_____ HEAD OF HOUSEHOLD [INITIALS]
_____ FAMILY MEMBER NAME 7 [PRINT]	_____ HEAD OF HOUSEHOLD [INITIALS]