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PARTICIPANT INFORMED CONSENT & RELEASE OF INFORMATION AUTHORIZATION

_____ is a Participating Agency in the Stark County Homeless Management Information System (HMIS) and Coordinated Entry System (CES) (hereinafter referred to as “the System”). The System is a shared homeless and housing database system administered by the Homeless Continuum of Care of Stark County (HCCSC) and the **current** Participating Agencies listed in Attachment A.

The Stark County System seeks to improve services and programs for homeless and low-income households by allowing authorized staff at Participating Agencies to share Participant information and to follow trends and service patterns over time. The Stark County System implements numerous privacy and security measures to ensure the confidentiality of your personal information.

Participation in the Stark County System is important to our community’s ability to provide you with the best services and housing possible and to better understand the local needs. As you receive services, information will be collected about you, the services provided to you, and the outcomes these services help you to achieve. Authorizing your information to be entered into the System and shared with Participating Agencies is voluntary. Refusing to do so will not limit your access to shelter or services.

I, _____, give authorization for the information described herein to be *entered* and *shared* between Participating Agencies for the purposes of assisting me in obtaining shelter/housing, employment, financial assistance, vocational services, counseling and/or medical/mental health treatment and for other uses specified in the HCCSC System Privacy Notice and any additional privacy notice that may be provided to me by the Agency. Such information may include, but is not limited to: intake date, name, gender, birth date, ethnicity, marital status, number in household, military status, homeless status, disability information, HIV-AIDS status, mental health service information, substance abuse service information, primary language spoken, and non- confidential services requested and received. I understand that I have the right to receive a copy of my HMIS information upon written request.

I understand that information disclosed pursuant to this authorization may only be disclosed as stated in the HCCSC System Privacy Notice and any other privacy notice that may be provided to me by the Agency.

I understand that the current list of Participating Agencies may change over time to include other agencies that provide housing or services to the homeless population, and I give authorization for my information to be shared with any new Participating Agency. _____(Please Initial)

I understand that I may request a current list of all Participating Agencies at any time. I understand that I may revoke this authorization at any time by written request but that the revocation will not apply to information previously used or disclosed prior to the effective date of such revocation.

Print Name of Participant

Date of Birth

Date

Print Name of Guardian (if required)

Date

Signature of Participant or Guardian

Date

Attachment A

Alliance for Children and Families

Coleman Professional Services

CommQuest Services Inc.

EDEN Inc.

Homeless Navigation Hotline (StarkMHAR)

ICAN Housing

Refuge of Hope

YWCA Canton

Stark Housing Network, Inc.

Stark Metropolitan Housing Authority

Family and Community Services