

Chicago Homeless Management Information System

Client Consent for Data Sharing

Agency Name: _____

This Agency is part of a group of stakeholders that coordinate their efforts to end homelessness in Chicago. This group is referred to in this document as the Chicago Homeless Management Information System (HMIS) Collaborative (“Collaborative”, “we”, or “us”). The Collaborative collects your information and enters it into the Chicago Continuum of Care (“Chicago CoC”) HMIS*.

A representative of this Agency is going to ask you for information about you and your dependents. (The word “dependent” is used in this document to refer to any person under the age of 18 for whom you consider yourself to be responsible.) Your information in the Chicago HMIS will be shared with your consent or in certain circumstances that are described in this document.

This form has three parts. The purpose of this form is to allow you to decide how much of the information that you provide to this Agency can be shared with the Collaborative. You may decline to allow this Agency to share any of your information. If you decline, the ability of this Agency and the Chicago CoC to provide housing to you may be reduced, but this Agency will still provide emergency services to you.

PART I – BRIEF ANSWERS TO QUESTIONS YOU MAY HAVE

What Are the Reasons for Sharing Information about Me?

- Help service providers offer suitable housing and care options to you.
- Assist Chicago CoC in documenting the need and obtaining funding for its housing and services.
- Allow for data analysis and academic research

How Is My Data Protected?

- Every Agency is required to comply with Standard Agency Privacy Practices Notice.
- Chicago HMIS users must sign an agreement to protect your privacy and comply with state and federal laws and policies before seeing any information.
- The Chicago HMIS incorporates industry standard security requirements and is updated to stay current with these security requirements.

What Are My Rights?

- You can obtain an electronic version or paper copy of your information that has been entered into the Chicago HMIS.
- You can ask to correct or amend your information entered in the Chicago HMIS.
- You can sign a new copy of this Client Consent for Data Sharing in which you limit the extent to which information about you is shared by changing your answers in Part II of this form.

Are There Circumstances in Which My Information Might Be Disclosed Without My Consent?

- Yes. The law says we must report suspected abuse or neglect of children and vulnerable adults. We may also release your information to protect the health or safety of you and your dependents as required by law or an official with a valid subpoena, warrant, or court order.

For more detailed information, ask to see a copy of our [Standard Agency Privacy Practice Notice](#).

PART II – YOUR CONSENT WITHIN THE COLLABORATIVE

We would like to ask you to share two categories of information, which we refer to as “Basic Information” and “Coordination of Care and Housing Information.”

* This Agency can provide you with a current list of the members of the Chicago CoC. You can also view a current list of the members of the Chicago CoC on the website www.allchicago.org. “All Chicago” is the agency that administers the Chicago HMIS.

(1) Basic information consists of the following information:

- Personal Identifying Information (Name, Social Security Number, date of birth, gender, Veteran Status, photo)
- Personal identifying information about your dependents (if applicable) (*Note: Anyone 18 years of age or older must sign a separate consent form.*)
- Enrollment information (may include your past enrollment information)
- Recipient Identification Number (if you do not know the number we will look it up)
- Contact information

(2) Coordination of Care and Housing Information consists of the following information:

- Information about your military service (if applicable)
- Experience with homelessness and living situation (housing status)
- Household income and source(s)
- Presence of a current disabling condition
 - Illinois law requires us to obtain your explicit consent to share information with respect to mental health, substance use, and/or HIV/AIDS issues. ***A separate consent form will be offered to you before you are asked to share information about these conditions.***
- Services you receive, including your receipt of financial assistance
- Medical insurance/primary care provider information

Veterans Only: Participation in a Supportive Services for Veteran Families (SSVF) Rapid Re-housing and Homeless Prevention project necessitates the sharing of enrollment information and receipt of financial assistance amongst SSVF projects. Veterans who are connected to an SSVF project will need to agree to share both their Basic Information and Coordination of Care and Housing Information amongst the agencies overseeing matching and housing provision along with all SSVF projects.

Please check (✓) the appropriate box below:

I, _____ (Name) agree to share information with the Collaborative as detailed below.

- Share my basic information (1) with the Collaborative and both my basic (1) and coordination of care and housing information (2)** with the agencies selected to serve me and my dependents and the agencies overseeing housing and service matching.
 - For individuals with dependents, please check here if the above data sharing option applies to all.
- Share my basic information (1) and coordination of care and housing information (2) as a locked file.** This information will only be shared with the Agencies overseeing matching of housing and care and the Agencies assigned to provide me with housing and care. No other Agency will be able to view any of my information. ***Please note that information from Survivors of Domestic Violence and/or Human Trafficking will automatically be treated only as a locked file.***
 - For individuals with dependents, please check here if the above data sharing option applies to all.

The options below **DO NOT** allow for the Collaborative to connect an individual and/or dependents to a housing provider through HMIS.

- Share only my basic information (1):** If you select this option, this will not prevent you from accessing emergency services.
 - For individuals with dependents, please check here if the above data sharing option applies to all.
- Do not agree to share any information:** I do not want any of the information about me in Chicago's HMIS shared with any other service providers within the Collaborative. (If you select this option, this will not prevent you from accessing emergency services.)

- For individuals with dependents, please check here if the above data sharing option applies to all.

Note: You may revoke your consent permitting information about you to continue to be shared with other service providers within the Collaborative by signing a new copy of this Consent and selecting an alternative.

When you sign this form, it shows that you:

- Read this Client Consent or heard an explanation of its contents.
- Accessed the list of participating agencies and understand that it will periodically be updated.
- Acknowledged that other agencies in the Collaborative that provide services to you may update your information.
- Understand this consent does not expire unless you withdraw your consent to share at any time by signing a new copy of this Consent; however, any information already shared with another agency cannot be taken back or revoked.
- Understand that housing providers may record significant incidents in which you are involved in their programs, and that these incidents will be shared with the entities that provide emergency services, housing coordination and outreach services for matching individuals to appropriate programs.
- Understand that, if you are a veteran, and eligible to VA benefits and services your information will be shared with all SSVF programs.

Names of Dependents: (Please list all dependents)

Name 1: _____ Name 2: _____

Name 3: _____ Name 4: _____

Name 5: _____ Name 6: _____

Client or Representative Signature: _____ Date: _____

Agency Witness Signature: _____ Date: _____

PART III - YOUR CONSENT TO PERMIT YOUR INFORMATION TO BE SHARED WITH OTHER ILLINOIS CONTINUUM OF CARE GROUPS (To be completed only if you have experienced homelessness and moved between Chicago and other places in Illinois)

If you have experienced homelessness and resided in Chicago and elsewhere in Illinois, we may need to share some personal information about you to help us understand the need for housing resources. This information would include the following:

- Name, Date of Birth, gender, Social Security Number, contact information, case manager information.

Check if you agree to share the above information

Client or Representative Signature: _____ Date: _____

Agency Witness Signature: _____ Date: _____

For Organization Use only: (Initial all that apply)

The Client above received a telephonic explanation of this form, as needed. On behalf of the Client, staff at this agency served as the representative. The Consent was read in its entirety. _____

An authorized representative completed this consent for the Client. A description of the representative's right to do so is attached. _____