

## 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](http://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

**CARES Regional Homeless Management Information System (HMIS)**

[www.caresny.org](http://www.caresny.org)

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