

Client Release of Information

This notice describes how data about you and your household may be used and disclosed. Please Read Carefully.

What is HMIS

The KC Metro Homelessness Management Information System (KC Metro HMIS) is a shared system used by authorized participating agencies who will enter your information into the KC Metro HMIS database. Sharing your data allows service providers to see if they have housing or services that fit your needs; though it does not guarantee that you will receive housing or services.

Our Duty to Safeguard Your Information

We will collect information about you and your household only when appropriate. We are required to protect the privacy of all identifying information. The general public will NEVER have access to your information.

This secure and confidential database is operated by trained representatives who have promised to protect your data. In order to participate in the KC Metro HMIS, leaders at each agency must sign an Agency Agreement that include a commitment to protecting client data and maintaining confidentiality.

We may use or disclose your information to evaluate services needed, and to understand the homeless and at-risk population. We assume that you agree to allow us to collect, use or disclose information as it is described in this notice. The full privacy policy and practices is available upon request, should you have any questions or concerns please contact the agency staff. KC Metro HMIS may amend this policy at any time.

How We May Use and Disclose Your information

A list of participating agencies which will have access to your information is attached. You may also see a list of participating agencies from this website:

http://www.kcmetrohmis.org/pdf/KC_Metro_ROI_Data_Sharing_Agency_List_04-01-2020

Please note amendments and/or changes are made to this list from time to time.

The type of information collected includes basic identifying data for you and each member of your household; including SSN, date of birth, gender, race, ethnicity, household information, phone number, military veteran status. It may also include household income, non-cash benefits and health insurance information.

Partner Agencies may share information that does not identify me to others.

We must obtain your consent to use and disclose your information beyond purposes stated in this form, unless the law permits or requires us to make the use or disclosure of your information without your permission.

Your Rights Regarding Your Information

- You have the right to ask, “Can I refuse to answer that question,” and how my refusal might affect my receipt of services. You will not be punished or denied services if you do not consent to share your information as outlined in this form.
- You have the right to review your HMIS information, to ask for changes, and to have a copy of your record from this agency upon written request. You have the right to request who has looked at your file.
- You may withdraw consent (except for information that has already been given out or actions already taken) at any time by informing the agency in writing that you want to withdraw consent.

PLEASE REVIEW THE INFORMATION BELOW, SIGN AND DATE WHERE INDICATED.

- Agency staff have reviewed this form with me and answered my questions about privacy.
- You are responsible for making all household members aware their information will be entered and shared in HMIS and they have the option to contact this agency with any questions.
- You may revoke this authorization at any time, except where information has already been released in reliance on your authorization, provided that your revocation is in writing.

Yes, I do consent to sharing my information _____[INITIALS]

No, I do not consent to sharing my information _____[INITIALS]

CLIENT NAME [PRINT]	CLIENT SIGNATURE	DATE
CLIENT DATE OF BIRTH _____		

AUTHORIZED PERSONNEL NAME [PRINT]	AUTHORIZED SIGNATURE	DATE
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Client Consent on Behalf of Household Members

An adult head of household may provide consent on behalf of family members under 18 yrs. old to share their information in the HMIS.

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]