Appendix 9
Austin / Travis County Homeless Management Information System
Data Sharing Policy and Release of Information (ROI)

Agency Completing Form: __________________________________________

This agency collects information about people who ask about our homeless services. When we meet with
you, we will ask you for information about you and your family. We will put the information you give us into
a computer program called WellSky ServicePoint (or "HMIS").

Austin / Travis County HMIS data is all stored in one computer system. Your information will be shared with
all agencies that use our system (all “HMIS Agencies”) to help you get services more quickly and easily. A
list of all current HMIS Agencies is on the next page of this form, and you can ask for a new copy at any
time.

The Personal Information we share may include:

- Personal Identifying Information (such as name, social security number, and date of
  birth)
- Who is in your household
- Job history
- Military history
- Living situation and housing history
- Educational background
- Demographic information (such as race, gender, and ethnicity)
- Your income and income sources
- Services you request or receive
- If you are experiencing homelessness or not
- Reasons for seeking services
- Self-reported health needs

You can refuse to answer any question at any time, including questions about the things listed above. You
will never be denied help because you did not answer a question, unless we need to know that answer to
know if you are eligible for a service.

We will not store or share treatment records about Mental Health, HIV/AIDS, or Drug, Alcohol, or Substance
Abuse Treatment unless you give us specific permission.

We may also share some of your information from HMIS with agencies that do not use our HMIS system
("Outside Agencies") for different summary reports about homelessness. Personal Information that could
be used to tell who you are will only be put in those reports if we have your written permission, or if the law
lets us or requires us to share that information without your permission.

__________ Please initial here to show that you have read and understand the rules above.

Consent for Release of Personal Information
In addition to the information sharing above, you can also choose:

- To let HMIS Agencies share and discuss your Personal Information outside of the computer system to
  help give you services;
- To let HMIS Agencies share your Personal Identifying Information with Outside Agencies for research,
  reporting, and coordinating services; and
- To let HMIS Agencies put any treatment records about Mental Health, HIV/AIDS, or Drug, Alcohol, or
  Substance Abuse Treatment into our computer system as part of your Personal Information.

Please think about the information below before making your decisions:

Revised: 2/20/2019
• Personal Information that can be used to tell who you are (Personal Identifying Information) will only be shared with Outside Agencies with your permission, or when the law lets us share that information without your permission.
• If you let us put any treatment records related to Mental Health, HIV/AIDS, or Drug, Alcohol, or Substance Abuse Treatment into our computer system, we will share that information just like the rest of your Personal Information.
• The current list of HMIS Agencies is below. Any agency not on that list is considered an Outside Agency. Other agencies may join this list in the future and share your information just like the current HMIS Agencies. You may ask for an updated list of the HMIS Agencies from any HMIS Agency at any time.
• Some of your Personal Information may be protected by additional state and federal privacy laws. Agencies that must follow these laws may need additional permission to collect or share some of your information.
• Once we share your information with an Outside Agency, that agency can sometimes share it with other Outside Agencies, if the law says they can.
• This consent is voluntary. You will not be denied services if you decline to sign this consent form.

**Current Austin / Travis County HMIS Agencies:**

- A New Entry
- AIDS Services of Austin
- Any Baby Can
- Austin Recovery
- Austin Voices for Education and Youth
- Caritas of Austin
- Casa Marianella
- Catholic Charities of Central Texas
- City of Austin – CDU, DACC, EMS, CIT
- CommUnity Care
- Ending Community Homelessness Coalition (ECHO)
- Family Eldercare
- Foundation Communities
- Foundation for the Homeless
- Front Steps
- Goodwill Industries of Central Texas
- Green Doors
- Housing Authority – City (HACA)
- Housing Authority of Travis County (HATC)
- Integral Care
- LifeWorks
- LINC Austin
- Meals on Wheels and More
- Mobile Loaves and Fishes
- Refugee Services of Texas
- SAFE Alliance
- Saint Louise House
- Sunrise Homeless Navigation Center
- The Salvation Army
- Sobering Center
- The Other Ones Foundation
- Travis County – Health & Human Services & Veteran Services
- Travis County – Mental Health
- Public Defenders
- Trinity Center
- U.S. Department of Veteran Affairs

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Optional Agencies Section

Please choose one:

Yes, all Austin/Travis County HMIS Agencies may share and discuss Personal Information about me and my family outside of the computer system to help give us services. They may also share that information with Outside Agencies for research, reporting, and coordinating services.

Permission to share your information will last for seven years from the date you sign this form. You can cancel this permission at any time by sending a written letter to the agency where you filled out this form. It may take up to three business days to process the cancellation letter.

No, I do not want HMIS Agencies to share and discuss my Personal Information outside of the computer system. I also do not want information that can be used to tell who I am to be part of any outside reports or research. HMIS Agencies may only share information in the computer system for questions I choose to answer.

If you chose NO above, you can still choose to let HMIS Agencies share and discuss your Personal Information with specific Outside Agencies or individuals outside of the computer system to coordinate services. If you want to do that, please initial your choices below.

Contact Person: ________________________________

Austin Police Department ________________________ Seton/Brackenridge Hospitals
Capital of Texas Workforce ________________________ Social Security Administration
Community Care Collaborative ______________________ St. David's Hospital
Dell Medical Center _______________________________ TX RioGrande Legal Aid
Dept of Assistive & Rehab Services _________________ Other
Integrated Care Collaborative ________________________
Managed Care Organizations _________________________

Optional Treatment Records Section

Please initial below if you would like to put treatment records about Mental Health, HIV/AIDS, or Drug, Alcohol, or Substance Abuse Treatment in our computer system as part of your Personal Information. We will share this sensitive health information for the record types you initial below:

Mental Health Treatment Records
HIV/AIDS Test Results and/or Treatment Records
Drug, Alcohol, or Substance Abuse Treatment Records

Client Name: __________________________________________________________

Dependents Name(s): ___________________________________________________

Client or Representative Signature: __________________________ Date: ____________

Witness Signature: __________________________ Date: ___________________

FOR ORGANIZATIONAL USE ONLY (Initial all that apply):

( ) The client received a telephonic explanation of this form. Staff obtained telephonic acknowledgement of HMIS Data Sharing Policy and documented that consent with the staff signature on this form.

( ) The client wishes to remain anonymous in HMIS.

( ) An authorized representative completed this consent for the client. A description of their right to do so is attached.

( ) Other: ________________________________

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