CLIENT NAME / HMIS #: _____

# 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 BitFocus Clarity (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.**

**<u>Consent for Release of Personal Information</u>**
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:

- 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
- African American Youth Harvest Foundation
- American GI Forum-NVOP Inc.
- Ashwell Sexual Health + Wellness
- Austin Area Urban League
- Austin Community College
- Black Men's Health Clinic
- Building Promise USA
- Caritas of Austin
- Casa Marianella
- Capital Metropolitan Transportation Authority
- Capital Area Private Defender Service
- Catholic Charities of Central Texas
- Center for Survivors of Torture
- Central Health
- Change 1
- City of Austin – Austin Public Library, Communicable Disease Unit, Austin Homeless Strategies and Operations, Downtown Austin Community Court, Emergency Medical Services, Crisis Intervention Team, Austin Public Health, Parks & Recreation, Family Health Unit
- CommUnity Care
- Dell Seton Medical Center
- Drive By Howdy
- El Buen Samaritano
- Ending Community Homelessness Coalition (ECHO)
- Family Eldercare
- Family Endeavors
- First Baptist Church Austin
- Foundation Communities
- Foundation for the Homeless
- Front Steps
- Goodwill Industries of Central Texas
- Green Doors
- Heart of Texas Outreach
- Hearts 2 Heal

- Housing Authority – City (HACA)
- Housing Authority of Travis County (HATC)
- Housing Connector
- Housing Support Services Alliance
- Hungry Hill
- Integral Care
- Jail to Jobs
- LifeWorks
- LINC Austin
- Maximizing Hope
- Meals on Wheels and More
- Military Veterans Employment Network
- Mission Accomplished
- Mobile Loaves and Fishes
- Mosaic Austin Church South
- My Sister's Keeper ATX
- On-Point Re-Entry Consortium
- Progressive IMPACCCT
- Queertopia
- RARE Academy
- Saffron Women's Trust
- SAFE Alliance
- Saint Louise House
- Samaritan Center
- Sex Workers Educating and Empowering Texans
- Street Forum Mutual Aid
- Sunrise Homeless Navigation Center
- Sobering Center
- Texas Harm Reduction Austin
- The Charlie Center
- The Other Ones Foundation
- The Salvation Army
- Travis County – Health & Human Services & Veteran Services
- Travis County – Mental Health Public Defenders
- Travis County Public Defender's Office
- Travis County Sheriff's Department (Travis County Jail)
- Travis County Juvenile Probation Dept. Social Services Division
- Trinity Center
- U.S. Department of Veteran Affairs
- Vivent Health
- Walking By Faith Prison Ministries
- We Can Now
- YWCA Greater Austin

**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, communication including phone calls and text messages for coordinating services.

Permission to share your information will last 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: _____

_____ Ascension Seton

_____ Austin Police Department

_____ Capital of Texas Workforce

_____ Community Care Collaborative

_____ Connexus

_____ Dell Medical Center

_____ Dept. of Assistive & Rehab Services

_____ Social Security Administration

_____ St. David's Hospital

_____ Texas RioGrande Legal Aid

_____ Other

_____ Other

**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: _____