

# GREATER LOS ANGELES & ORANGE COUNTY HOMELESS MANAGEMENT INFORMATION SYSTEM (LA/OC HMIS)

## CONSENT TO SHARE PROTECTED PERSONAL INFORMATION

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The LA/OC HMIS is a local electronic database that securely record information (data) about clients accessing housing and homeless services within the Greater Los Angeles and Orange Counties. This organization participates in the HMIS database and shares information with other organizations that use this database. This information is utilized to provide supportive services to you and your household members.

### **What information is shared in the HMIS database?**

We share both Protected Personal Information (PPI) and general information obtained during your intake and assessment, which may include but is not limited to:

- Your name and your contact information
- Your social security number
- Your birthdate
- Your basic demographic information such as gender and race/ethnicity
- Your history of homelessness and housing (including your current housing status, and where and when you have accessed services)
- Your self-reported medical history, including any mental health and substance abuse issues
- Your case notes and services
- Your case manager's contact information
- Your income sources and amounts; and non-cash benefits
- Your veteran status
- Your disability status
- Your household composition
- Your emergency contact information
- Any history of domestic violence
- Your photo (optional)

### **How do you benefit from providing your information?**

The information you provide for the HMIS database helps us coordinate the most effective services for you and your household members. By sharing your information, you may be able to avoid being screened more than once, get faster services, and minimize how many times you tell your 'story.' Collecting this information also gives us a better understanding of homelessness and the effectiveness of services in your local area.

### **Who can have access to your information?**

Organizations that participate in the HMIS database can have access to your data. These organizations may include homeless service providers, housing groups, healthcare providers, and other appropriate service providers.

### **How is your personal information protected?**

Your information is protected by the federal HMIS Privacy Standards and is secured by passwords and encryption technology. In addition, each participating organization has signed an agreement to maintain the security and confidentiality of the information. In some instances, when the participating organization is a health care organization, your information may be protected by the privacy standards of the Health Insurance Portability and Accountability Act (HIPAA).

### **By signing below, you understand and agree that:**

- You have the right to receive services, even if you do not sign this consent form.
- You have the right to receive a copy of this consent form.
- Your consent permits any participating organization to add to or update your information in HMIS, without asking you to sign another consent form.
- This consent is valid for seven (7) years from the date the PPI was created or last changed.
- You may revoke your consent at any time, but your revocation must be provided either in writing or by completing the *Revocation of Consent* form. Upon receipt of your revocation, we will remove your PPI from the shared HMIS database and prevent further PPI from being added. The PPI that you previously authorized to be shared cannot be entirely removed from the HMIS database and will remain accessible to the limited number of organization(s) that provided you with direct services.
- The Privacy Notice for the LA/OC HMIS contains more detailed information about how your information may be used and disclosed. A copy of this notice is available upon request.
- No later than five (5) business days of your written request, we will provide you with:
  - A correction of inaccurate or incomplete PPI
  - A copy of your consent form
  - 
  - A copy of your HMIS records; and
  - A current list of participating organizations that have access to your HMIS data.
- Aggregate or statistical data that is released from the HMIS database will not disclose any of your PPI.
- You have the right to file a grievance against any organization whether or not you sign this consent.
- You are not waiving any rights protected under Federal and/or California law.

**SIGNATURE AND ACKNOWLEDGEMENT**

Your signature below indicates that you have read (or been read) this client consent form, have received answers to your questions, and you freely consent to have your information, and that of your minor children (if any), entered into the HMIS database. You also consent to share your information with other participating organizations as described in this consent form.

**I consent to sharing my photograph. (Check here)**

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Last 4 digits of SS \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Head of Household (Check here)**

**Minor Children (if any):**

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Last 4 digits of SS \_\_\_\_\_ Living with you? (Y/N)

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Last 4 digits of SS \_\_\_\_\_ Living with you? (Y/N)

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Last 4 digits of SS \_\_\_\_\_ Living with you? (Y/N)

\_\_\_\_\_  
**Print Name of Organization Staff**

\_\_\_\_\_  
**Print Name of Organization**

\_\_\_\_\_  
**Signature of Organization Staff**

\_\_\_\_\_  
**Date**