

Homeless Management Information System CLIENT CONSENT & RELEASE OF INFORMATION AUTHORIZATION	Page 1 of 2
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CLIENT CONSENT & RELEASE OF INFORMATION AUTHORIZATION

For IHFA Homeless Management Information System (HMIS).

(Service Provider Name)_____ is an affiliated service provider¹ in the ServicePoint-Idaho homeless management network. ServicePoint is a shared homeless and housing information system administered by the Idaho Housing and Finance Association (IHFA) in order to comply with federal government requirements. This network can improve the services and programs available to individuals (and families) like you by allowing authorized personnel using the network to identify, coordinate, and evaluate the services you need.

The ServicePoint-Idaho network system uses the latest and most sophisticated network security systems available to ensure your confidentiality. The information that is collected in the HMIS database is protected by limiting access to the database and by limiting with whom the information may be shared. Every person and service provider that is authorized to read or enter information into the database has signed an agreement to maintain the security and confidentiality of the information. Any person or agency that is found to violate their agreement may have their access rights terminated and may be subject to further penalties.

Any information you provide **will not** be disclosed to any unaffiliated third party² unless authorized by you or required by law. Please read the following statements (or ask to have them read to you), and make sure you have had an opportunity to have your questions answered.

1. Information you provide **will** be entered into the ServicePoint network system;
2. Information may be used for functions related to payment or reimbursement of services when required by a funder;
3. Information you provide **will** help improve and coordinate services that can be offered you;
4. Information you provide concerning physical or mental health problems **will not** be shared with other affiliated Service Providers¹, unless authorized by you.
5. Protected Personal Information³ **will not** be disclosed to any third-party², unless authorized by you;
6. Protected Personal Information³ **will not** be disclosed to any State or Federal Agency except as required by law or to avoid a serious threat to health or safety;
7. Failure to provide the requested information may limit the Service Provider's ability to provide services or refer you to other necessary services; and
8. If I revoke my authorization, all information about me already in the ServicePoint-Idaho network system will remain, but will become invisible to all affiliated service providers.

¹ All entities that have similar agreements to access the ServicePoint system as administered by IHFA, including IHFA and HUD

² Any entity or individual other than your Service Provider and the System Administrator as called for under the HMIS's administrator program.

³ Protected Personal Information: Information about an individual that is of a private nature and neither available to the general public nor obtained from a public record. Protected Personal Information includes without limitation a Client's name, Social Security Number and such personal identifying information.

⁴ Note: The file server, which will contain all Client information, including encrypted identifying Client information, will be co-located at Bowman Internet Systems, Inc. offices at 400 Travis Street, Suite 1900, Shreveport, LA 71101. Access to this system by the company is for technical assistance only, in addition the HMIS system administrator at IHFA shall have access for it's Administrative and reporting purposes.

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As you receive services, your file will be updated. This information **will only be** collected so that the U.S. Department of Housing and Urban Development, Idaho Housing and Finance Association and the Service Provider network can:

1. Monitor program effectiveness;
2. Assist in coordinating service delivery systems;
3. Improve the quality of care and services for homeless individuals and families; and,
4. Prepare reports and statistical information without Protected Personal Information³.

PLEASE CHECK ONE OF THE FOLLOWING DISCLOSURE STATEMENTS

This Service Provider may share information on the ServicePoint network system with other affiliated Service Providers¹. This authorization constitutes a release of information that is valid for six (6) years unless I provide written notice to this Service Provider terminating this authorization. If I revoke my authorization, all information about me already in the ServicePoint-Idaho network system will remain, but will become invisible to all affiliated service providers.

OR

This Service Provider must not share any personal, Protected Personal Information³ about me with any other affiliated party.

OR

I only authorize this Service Provider to share information with the following Service Providers:

1. _____ 2. _____
3. _____ 4. _____
5. _____ 6. _____

Client Name (First, Middle, Last) _____

Client Signature _____ Date _____

Service Provider Personnel _____ Date _____