

**Three County Continuum of Care**

**Release of Information**

**Organization: [Agency Name]**

**We’re here to help!**

This document explains why we collect and share personal information. It also includes information about confidentiality, and information about requesting a copy of our privacy and grievance policies. This document also includes our request for your authorization to share certain personal information.

**Our policies**

This organization has an **HMIS Privacy Policy** and an **HMIS Grievance Policy**.

The grievance policy describes what you can do if you have a complaint about how your personal information is used.

You may request a copy of these policies!

# We collect and share certain personal information for four reasons.

# Coordinated access to housing – to help you find housing, work, and other types of assistance

We share information with other agencies, verbally or in writing, when we are helping you to find housing and other desired services. We ask you to complete a Coordinated Assessment form which also might be shared. This helps to determine eligibility and prioritization for the different permanent housing programs within the Three County CoC.

# Reporting to Funders – allows us to meet the requirements of state and federal agencies who fund us

We share your information electronically when we enter it into HMIS (Homeless Management Information System) and/or the Three County CoC Data Warehouse. We use these databases for reports to funders and others. We also use them to help coordinate your services by sharing among providers within the Continuum of Care. This data is shared with the Massachusetts state Department of Housing and Community Development (DHCD), the Three County Continuum of Care and other agencies within the CoC, and the Massachusetts state Executive Office of Health and Human Services (EOHHS). These organizations never report on your individual data to anyone. They only report “summary” or “aggregate” data.

# Assess and improve our services

In addition to sharing with funders, we use federal reports to identify areas of improvement in our services. At times we create our own custom reports for this same reason but do not share them with funders. We also receive requests from outside agencies for data on homelessness to support their grant applications, and we will fulfill those requests with “summary” data that does not contain any identifiable information.

# Maintaining and improving data systems

Your HMIS data is electronically shared with Social Solutions, Inc., who developed and maintains the HMIS software and with Green River, who developed and maintains the Three County CoC Data Warehouse.

**Confidentiality**

Agencies using HMIS are required to have privacy and security procedures in place regarding the protection and sharing of client data. All of the staff utilizing the HMIS system or Data Warehouse have been specifically trained to protect privacy when accessing personal information.

**[AGENCY NAME]** will not:

* Enter information into HMIS which it is not authorized to enter
* Designate information for sharing which it is not authorized to share, under any relevant federal, state, or local laws, regulations applicable to client information.

**Authorization**

# I authorize [AGENCY NAME] to share information about me and members of my household under the age of 18 for these reasons. Please indicate YES or NO or if you would like to participate with CODED personal information.

# Reporting to Funders (Required by the funders that pay for the services provided)

# My information may be shared electronically in HMIS and/or the Three County CoC Data Warehouse. This includes my name, social security number, and date of birth. It also includes other basic information, like demographics. I understand that basic shelter services cannot be withheld if I don’t agree to share information but that I may not be eligible for the Coordinated Entry System.

# YES YES, BUT CODE ME NO

# Coordinated Entry System - Please mark or initial the authorization you would like to opt in to

# Identified Coordinated Access to Housing (More likely that I will get access to housing faster, and more likely the housing options will be greater)

# My case management and Coordinated Assessment information may be shared, verbally or in writing, with agencies participating in the Three County Coordinated Entry System. Participating agencies, also called Coordinated Entry (CE) partners, are listed at: <https://www.communityaction.us/threecountycoc>

# Anonymous Coordinated Access to Housing (I understand that there may be additional information I need to disclose to a housing provider before moving in after being identified for a housing opportunity through the Coordinated Entry System.)

# My case management and Coordinated Assessment information may be shared without my name and birthdate (“de-identified”) with agencies participating in the Three County Coordinated Entry System.

# ADDITIONAL COORDINATED ACCESS DISCLOSURES:

# I hereby agree to the discussion of the following information among Coordinated Entry (CE) partners in order to better facilitate a permanent housing search:

# (Please initial if you would like to disclose your status to CE partners- You have the option to not disclose this information to CE partners and still be prioritized by disclosing this additional information during intake or to a case manager. You also have the option to disclose HIV/AIDS status directly to A Positive Place, the HIV/AIDS Care Organization connected with Cooley Dickinson Hospital, at 413-586-8288.)

# HIV/AIDS Status\_\_\_\_\_\_\_\_\_ Alcohol/Drug Treatment\_\_\_\_\_\_\_\_\_\_

***I DECLINE DISCLOSING ANY INFORMATION AND UNDERSTAND HOW THIS LIMITS MY HOUSING, TREATMENT, AND BENEFIT OPTIONS***

I understand that how I fill out this form **will not** affect my access to basic shelter services. I also understand that if I do not consent I will only receive treatment and benefits that do not require specific information, in order to determine eligibility. I understand that I may withdraw my permission to share information at any time, by submitting a written request to this organization, but the changes will not apply to information that has already been used or disclosed. I understand that I have the right to obtain and review a copy of my record and to receive a list of agencies that have access to my information, by contacting this organization or the Three County CoC at [threecountycoc@communityaction.us](mailto:threecountycoc@communityaction.us).

**This authorization is good until I withdraw it in writing.**

|  |  |  |
| --- | --- | --- |
| Your Name (print) |  | Signature |
| Parent/Guardian Name (if applicable) |  | Parent/Guardian Signature |
| Witness name (optional) |  | Signature |
| Date | | |

**Personal data collected includes:**

**Personal Information:**

* Name
* Date of Birth (DOB)
* Social Security Number (SSN)
* Gender
* Ethnicity
* Race
* Veteran Status
* Disabling Condition
* Recent homeless history

**For housing programs & youth programs, data collection includes:**

* Work and income information
* Education information
* Housing history
* Health information
* Sexual orientation (optional)
* Sex and labor trafficking (optional)
* Formerly a ward of Child Welfare/Foster Care Agency
* Formerly a ward of Juvenile Justice System
* Family Critical Issues such as family unemployment, incarcerated parent(s), insufficient family income, family alcohol or substance abuse

**Housing information:**

* Residence Prior to Project Entry
* Housing Status at Entry
* Destination at Exit
* Zip Code of Last Permanent Address

**Health and Wellness (optional for emergency shelters):**

* Physical Disability
* Developmental Disability
* Chronic Health Condition
* HIV/AIDS
* Mental Health
* Substance Abuse
* Domestic Violence Survivor Status
* Pregnancy Status (optional)
* Health Status (optional)