Institute for Community Alliances
Homeless Missourians Information System Network
Client Informed Consent to Share and Release of Information

The Homeless Missourians Information Systems Network is a group of agencies working together to provide services to homeless and low-income individuals in the State of Missouri. This group includes shelter, housing, food, state, private and non-profit social service agencies, and faith based organizations. I give this partner agency permission to share the following information regarding my household. I understand that this information is for the purpose of assessing needs for housing, utility assistance, food, counseling and/or other services.

The information being shared may consist of the following:

- Identifying and/or historical information regarding my household.
- My household income, non-cash benefits, and health insurance information.

I understand that:

- Information I give concerning physical or mental health problems will not be shared with other partner agencies in any way that identifies me or other members of my household.
- The partner agencies have signed agreements to treat my household’s information in a professional and confidential manner. I have the right to view the client confidentiality policies used by the HMIS.
- Staff members of the partner agencies who will see my household’s information have signed agreements to maintain confidentiality regarding my household’s information.
- The partner agencies may share non-identifying information about the people they serve with other parties working to end homelessness.
- I have the right to refuse to answer certain questions.
- The sharing of information does not guarantee that services will be provided. Declining to share information does not prohibit the provision of services.
- This authorization will remain in effect for twelve months unless I revoke it in writing.
- If I revoke my authorization, all information about my household entered into the database from that date forward will not be shared with partner agencies.
- A list of the partner agencies within the network may be viewed prior to signing this form.

Hillcrest Transitional Housing                         MO BoS CoC CE
Agency Name                                           Project Name

Client Name (please print)                            Client Signature

Agency Personnel Name (please print)                  Agency Personnel Signature

Head of Household Client ID Number:

Approved January 2017