

Raleigh/Wake County (NC-507) Coordinated Access: Client Release of Information & Sharing Plan

SECTION 1 - Identifying Information

Introduction

Local homeless and housing programs use the Clarity Homeless Management Information System (HMIS) to track information about people that they help. We collect personal information from you that we use to better help you. We have strict rules about how your information is shared. All persons using HMIS are trained and recertified annually on our privacy and security protocols.

Why do we collection information about you?

- To learn more about your situation to make sure you are eligible for services.
- Help case managers work together and better coordinate services for you.
- Connect you with other helping agencies. You may be eligible for other benefits.
- Reduce the number of times you have to tell your story.
- To enable agencies to receive funding for services they provide.
- To help agencies meet their legal obligations.

We need additional identifying information to insure your information is not confused with someone else. This information allows us to select the correct record and to better coordinate services for you.

To assist HMIS agencies with finding your record and providing the best possible service, the following information can be seen about you:

- Your Name
- Your Gender
- Your Social Security Number
- Your Date of Birth
- Your Veteran Status
- Your Services/Assessments
- Your Programs
- Your Assessments
- Your Non-confidential Service Notes

- Your non-confidential Files/forms
- Your Location
- Your Contact Information

If you have a specific reason why other HMIS agencies shouldn't be able to find your record in HMIS, you can have your record secured so that only this agency can see your information. If you have received services from another agency and would like that information secured, then you will need to request that agency have your information secured.

Reasons for securing your record

- Severe and imminent risk to you and/or your dependent(s) well being
- Threats/acts of physical or sexual violence or abuse involving staff/admin/volunteers at other HMIS-participating agencies
- Domestic/Interpersonal violence involving staff/admin/volunteers at other HMIS-participating agencies
- Child custody disputes involving staff/admin/volunteers at other HMIS-participating agencies
- Negative socio-economic impact (Ex: You work at another HMIS-participating agency and having your data entered into HMIS would affect your employment)

FAQs about sharing/securing identifying information

Is sharing information necessary?

Sharing can assist with care coordination.

What if I or my household members know someone who works at a HMIS-participating agency?

The information can be secured to prevent full visibility to that agency, but may result in duplicate records and/or intakes.

What if I or my household members are embarrassed about seeking services?

The information can be secured to prevent full visibility to that agency, but may result in duplicate records and/or intakes.

What if I or my household members previously worked at a different HMIS-participating agency?

The information can be secured to prevent full visibility to that agency, but may result in duplicate records and/or intakes.

After reviewing the above information, do you consent to having your information **FULLY SHARED** in HMIS? Please provide initials if consent is granted.

Initial Here

After reviewing the above information, are you requesting that your information **NOT BE FULLY SHARED** in HMIS? Please provide initials if information should be secured. If yes, reason for request:

Initial Here

Client Signature: _____

Date: _____

Staff Signature: _____

Date: _____

SECTION 2 - Acknowledgement of Rights

The following are your rights concerning your data. Please put your initials next to each statement to show that you understand it:

Your Rights (Instructions) Put initials next to the statements that you understand and agree to:

I have received a copy of this Agency's Privacy Notice/script that explains HMIS and my rights and responsibilities associated with how information is kept and shared through this system.

Initial Here

I understand that my written consent allows the information listed in the Sharing Plan to be shared among the agencies listed in the Sharing Plan. All Sharing agencies where I am receiving services may update that information as I provide additional or new information. The purpose of sharing my information is to better coordinate care for me and my family.

Initial Here

I understand that the confidentiality of my records is protected by law. I understand that this agency will never give information about me to anyone outside the agency without my specific written consent through a Sharing Plan or as required by law (The regulations are the Federal Law of Confidentiality for Alcohol and Drug Abuse Patients, (42 CFR, Part 2) and the Health Insurance Portability and Accountability Act of 1996 (HIPPA), 45 CFR, Parts 160 & 164) and certain North Carolina laws.

Initial Here

I understand that Agencies included in my Sharing Plan must follow strict privacy guidelines.

I can withdraw my consent to share at any time; however, any information already shared with another agency cannot be taken back. I also understand that the request to discontinue sharing will have to be coordinated between sharing partners. I should tell any agencies that I am seeing included on the Plan when I withdraw my consent.

Initial Here

I understand that I have the right to see my information, request to change it, and to have a copy of that information from the servicing agency by written request. An agency can refuse to change information in my record but must provide me with a

written explanation of the refusal within 60 days of the request. Agencies are allowed to charge for reproducing a record.

Initial Here

I understand that the refusal to share information in this system will not be used to deny me services such as emergency assistance, outreach, shelter, or housing assistance.

Initial Here

I understand that some of my information may be disclosed for academic research purposes without identifying information included. My name and other identifying information may be used to match records but will not be released to be used directly in the research unless I sign a separate consent when identifying information is a requirement for the Study (example: so a researcher can contact me).

Initial Here

I understand that my intake photo will be viewable by other participating agencies. I waive the right to approve or inspect the finished photograph.

Initial Here

SECTION 3 - Coordination of Care Sharing Plan

Many agencies also use HMIS to improve services to you through coordination of care. If you are receiving services from multiple agencies that participate in HMIS, agreement to the Sharing Plan defined below allows for these Agencies to see your information. You will only have to sign this release once and it applies to all Agencies listed below in the "The Plan."

Description of Information Shared through the Coordination of Care Plan

- Homeless Status and History
- Program Participation
- Contact and Location Information
- Information about your military service (if applicable)
- Income and Benefits Information
- Household Intake and Demographic Information
- Health and Disability Information
- File Attachments
- Assessments
- Needs and Services
- Wake Coordinated Entry Pre-Screen information
- Case Manager Information
- Non-confidential Notes
- Documentation that could assist with housing or care coordination

This information (listed above) can be seen by all the agencies listed below to help coordinate your care. Any of these agencies can share your information with each other.

Alliance Health

CASA

Catholic Charities of Wake County

Dorcas Ministries

Families Together

Family Promise

Haven House

Healing Transitions

InterAct

Legal Aid

Oak City Cares

Passage Home

Raleigh Housing Authority

Raleigh Police Department (ACORNS)

Raleigh Wake Partnership to End & Prevent Homelessness

Salvation Army of Wake

St. John's MCC

Telamon

The Caring Place

The Green Chair Project

The Hope Center at Pullen

The Woman's Center of Wake County

Triangle Family Services

United States Committee for Refugees & Immigrants (USCRI)

Urban Ministries of Wake

Volunteers of America (VoA)

Wake County Housing Affordability & Community Revitalization (Wake Co HACR)

Wake County Housing Authority

Wake Med

Wake County Human Services

Wake County Northern Regional Center

Wake County Southern Regional Center

The information will only be shared with the agencies listed on this form and cannot be shared with other agencies without your permission.

I agree to share my information as described in the Coordination of Care Sharing Plan.

Initial Here

I DO NOT agree to the Sharing Plan (Only our agency will be able to see all your detailed information).

Initial Here _____

SECTION 4 - Outreach Sharing Plan

Sharing Plan for the purpose of improving outreach to individuals who may qualify for benefits

Many North Carolina community programs have requested to use your information to see if you might qualify for certain housing, income or social service supports.

Please read each statement below and circle your response(s).

1. If you are homeless, you might be eligible for housing in our community. We have a housing review committee that has case managers from many of our agencies. To participate in this process, the agencies will need to see information recorded in HMIS. With your permission, an agency may contact you if that information shows that you may be eligible for local housing services.

A list of specific agencies involved in this process will be had upon request.

Information that will be shared includes: Name, coordinated assessment information, homeless status, chronically homeless status, veteran status, disability

Yes I agree to share my HMIS data for Housing Prioritization: (Check Response):

Yes ☐
No ☐

3. In order to better coordinated care outside of the programs you are currently enrolled in, it may be beneficial for your service provider to share some information with the Wake County Public School McKinney Vento Liaison's Office.

Information that will be shared includes: HMIS number, Name, date of birth, housing history

Yes I agree that my Case Manager can share data with the McKinney Vento Liaison (Identify Response):

Yes ☐
No ☐

This Release is active for 1 year effective the date of Signature.

Client Signature: _____

Date: _____

Adult Household Member signature: _____

Date _____

Adult Household Member signature_____

Date _____

Adult Household Member signature_____

Date _____

Names of Dependents (please list all dependents)

Dependent 1 _____

Dependent 2 _____

Dependent 3 _____

Dependent 4 _____

Dependent 5 _____

Dependent 6 _____

Signature of guardian or authorized-representative (if required)

Relationship to client: _____