NJHMIS Collaborative
Client Consent – Release of Information for Data Sharing via NJHMIS

The NJHMIS Collaborative Homeless Management Information System (HMIS) serves the New Jersey Continuums of Care communities and State agencies which include partner agencies working together to provide services to individuals and families in New Jersey who are homeless or at risk of becoming homeless. Information collected in the HMIS database is protected in compliance with the standards set forth in the Health Insurance Portability and Accountability Act (HIPAA) and the U.S. Department of Housing and Urban Development HMIS Data Standards. Every person and agency that is authorized to read or enter information into the HMIS 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. The HMIS database operates over the internet and uses security protections to help ensure confidentiality. 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.

I UNDERSTAND THAT:

- **The collection and sharing of my information is to understand my needs and assist me as a consumer.**
- The partner agencies may share limited identifying information about the consumer(s) they serve with other parties working to end homelessness.
- The release of my information does not guarantee that I will receive assistance.
- The release of my information will include the Coordinated Assessment Tool which will be shared with all NJHMIS partner agencies that I will be referred to. I further understand that this consent allows the agencies I will be referred to, their employees and agents, to release and exchange any and all information in the Coordinated Assessment Tool.
- This release of my information may include **any and all** publicly (county, state or federal) funded cash disbursements received.
- This authorization will remain in effect unless I revoke it in writing, and I may revoke authorization at any time by signing a written statement or Revocation Form.
- If I revoke my authorization, all information about me already in the database will remain, but will become invisible to all of the partner agencies, except **any and all** publicly (county, state or federal) cash disbursements.
- **If I am applying for county, state or federal cash disbursements such as SSH, HPRP, and TANF Emergency Assistance, this information will be shared with NJHMIS Collaborative users and State agencies**.

By signing this form, I agree to share the following level of information with other NJHMIS partner agencies via the NJHMIS computer system:

☐ A) I agree to share my name (First, Middle, Last), client gender, ancestry, program enrollment and exit dates, demographic information, miscellaneous information, contact information, and cash disbursement information via the HMIS system with other NJHMIS partner agencies.

☐ B) I do not agree to share any of my information via the HMIS system with other HMIS partner agencies via the NJHMIS computer system. **Exception is any and all publicly funded cash disbursements as noted above**.

_____	_____	_____
Client Name (*please print*)	Client Signature	Date
_____	_____	_____
Guardian Name, if required (*please print*)	Guardian Signature (if required)	Date

Revised 04/28/2016

Agency Personnel Name (*please print*)	Agency Personnel Signature	Date