

CLIENT RELEASE OF INFORMATION AUTHORIZATION
Reading/Berks County Continuum of Care HMIS

I, _____, give my permission to this agency of Reading and Berks County, its Director, and Case Manager(s) to release information on myself and my dependent children, as specified below, to member agencies of the Homeless Management Information System (HMIS).

1. A portion of the information provided may be shared between agencies that use this system. If you consent, we have the ability to share and discuss your information with the agencies that you have indicated below.
2. This consent form expires three (3) years after the signature. Consent can be withdrawn at any time by verbal or written notice to this agency of Reading and Berks County. If withdrawn, personal information will be secured to prevent access by all other agencies. Your information remains in the system, however organizations may not discuss it.
3. Aggregate or statistical data that is released from the HMIS database will not disclose personal identifying information.
4. I permit this agency of Reading and Berks County to allow the following agencies to share and discuss my demographic information for intake assessment and/or provision of services. I understand that all agencies will have access to read the information.

ALL(Initial here for all the agencies listed below): _____

SOME(Initial below for permission to specific agencies listed below):

_____ Berks Coalition to End Homelessness	_____ Family Promise
_____ Berks Counseling Center	_____ Friend Inc.
_____ Berks County VA	_____ Hope Rescue Mission
_____ BCAP	_____ Mary's Shelter
_____ BCIU	_____ Opportunity House
_____ BCPS	_____ Reading Human Relations Commission
_____ Boyertown Multi-Services	_____ Service Access Management
_____ Catholic Charities	_____ The Salvation Army in Reading
_____ Council on Chemical Abuse	_____ The YMCA of Reading & Berks County
_____ Easy Does It, Inc.	

NONE(Initial here for none the agencies listed above): _____

I have received information contained in the HMIS Privacy Policy; it has been explained to me and I have had the opportunity to ask questions about it.

***Client Signature**

Date

**If no selection is made, client signature will provide release for all agencies mentioned on this form.*

For Staff Use Only

I, _____, certify that I have conveyed the information contained in the HMIS Privacy to the individual named above; I have given the individual an opportunity to ask questions about the information and have provided clarifications as needed.

Staff/Witness Signature

Date