

**CLIENT RELEASE OF INFORMATION AUTHORIZATION**  
**Reading/Berks County Continuum of Care HMIS and Coordinated Entry**

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 Consent can be withdrawn at any time by verbal or written notice to this agency of Reading and Berks County. If withdrawn, personal information will be secured to prevent access by all other agencies.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.**

**The Coordinated Entry Process has been explained to me and I have been given the opportunity to seek clarification and to ask questions about it. If applicable, I also consent to participation in the assessment process using the VI-SPDAT. The VI-SPDAT (Vulnerability Index - Service Prioritization Decision Assistance Tool) is a survey administered both to individuals and families to determine risk and prioritization when providing assistance to homeless and at-risk of homelessness persons. I understand that participation in the VI-SPDAT and the services match initiation is completely voluntary. I understand that if I feel uncomfortable or upset during the interview, I can ask the interviewer to take a break, skip any of the questions, ask for clarification of a question, or can ask to stop the survey.**

\_\_\_\_\_  
**\*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**