



**CLIENT INFORMED CONSENT AND RELEASE OF INFORMATION**

PERMISSION TO SHARE CONFIDENTIAL INFORMATION TO SECURE HELP WITH HOUSING

**Please read the following notice and authorization (or ask to have it read to you) before signing. A staff member will review this form with you. Signing is voluntary.**

\_\_\_\_\_ <Agency Name> \_\_\_\_\_ has agreed to participate in the Chittenden Homeless Alliance Coordinated Entry Process. The Chittenden County Homeless Alliance Coordinated Entry Process includes organizations that provide homeless and housing assistance. As part of the Coordinated Entry, agencies agree to share information about individuals and families with other agencies in order to help a household to find or keep housing as quickly as possible.

This agency, \_\_\_\_\_, also participates in Vermont’s Homeless Management Information System (VTHMIS), ServicePoint. Agencies that participate in VTHMIS belong to an internet-based network. This network is administered by the Institute for Community Alliances. Your identity and information collected in VTHMIS will be shared, with your written consent, with the agencies listed in the sharing agreement in the network. VTHMIS includes your demographic information and other essential personal information needed to best determine your housing and service needs. If your information was previously entered into the system and not shared, the historical data will now be shared between the agencies listed.

The computer program used for this purpose has industry standard security protocols, and is updated regularly to meet these security requirements. The information you provide will only be shared with this agency, the agencies listed in the sharing agreement, and limited staff of the Institute for Community Alliances. No personally identifying information will be shared by our network with any department in the State of Vermont or the Federal Government that is not engaged in the provision of direct client services. Information collected is housed in a secure server located at Mediware Information systems in Shreveport, Louisiana. Limited Mediware Information Systems staff have access to this server and the data for the purposes of network support and maintenance. Data collected for the network will be maintained for at least seven years from the last date of service.

<b>BENEFITS TO DATA SHARING FOR THE CONSUMER</b>	
Eliminates duplicate intake paperwork.	Faster access to services and housing help.
Reduces the amount of time spent answering basic questions regarding your situation.	Allows agencies to focus on meeting your unique service needs.
Reduces the amount of times you have to tell your story to service providers.	Multiple services can be easily coordinated and streamlined.

\* Vermont HMIS ensures the security of its system. Please see below for detailed information on security measures. \*



**A current list of Chittenden County Homeless Alliance agencies participating in VTHMIS is included below.** The list can also be accessed at [www.icalliances.org/vermont-documents](http://www.icalliances.org/vermont-documents).

ANEW Place  
Burlington Housing Authority  
Champlain Housing Trust  
Champlain Valley Office of Economic Opportunity – Chittenden County  
City of Burlington Police Department Community Affairs Team  
Committee on Temporary Shelter  
Community Health Centers of Burlington  
Easter Seals Vermont  
Howard Center  
Pathways Vermont  
Spectrum Youth & Family Services  
Supportive Services for Veteran Families at The University of Vermont  
Vermont Agency of Human Services  
Vermont Cares  
Vermont Coalition for Runaway and Homeless Youth Programs  
Vermont Housing Finance Agency  
Veterans' Inc.

**A current list of Chittenden County Homeless Alliance agencies participating in Coordinated Entry is included below.** The list can also be accessed at <http://www.cchavt.org/coordinated-entry-system/>

ANEW Place  
Burlington Housing Authority  
Cathedral Square Corporation  
Champlain Housing Trust  
Champlain Valley Office of Economic Opportunity  
City of Burlington Police Department Community Affairs Team  
Committee on Temporary Shelter  
Community Health Centers of Burlington  
Easter Seals Vermont  
Howard Center  
Hopeworks  
Pathways Vermont  
Spectrum Youth & Family Services  
Supportive Services for Veteran Families at The University of Vermont  
Steps to End Domestic Violence  
United States Department of Veterans Affairs  
The University of Vermont Medical Center  
Vermont Agency of Human Services  
Vermont Cares  
Vermont Coalition for Runaway and Homeless Youth Programs  
Vermont Housing Finance Agency  
Veterans' Inc.



Please note that if you grant permission for your information to be shared, it will be in effect for 3 years from the date you sign this form. However, you can contact \_\_\_\_\_ (agency) at \_\_\_\_\_ (phone number) to revoke your permission to share data. You may end your agreement verbally, or in writing, and your personal and service information will no longer be shared from that date going forward. If you revoke this consent, you give permission to the agency to inform the parties indicated in your selection of Option 1 or Option 2 below to ensure there is no further re-disclosure of your information. If you do not give permission for this agency to release your information, no other agency in the network will have access to it.

Maintaining the privacy and the safety of those using our services is very important. Your record will only be shared if you give permission. You cannot be denied services that you would otherwise qualify for if you choose not to share information. Each adult in the household can give permission to share only their own personal information. Any guardian may give permission to share a child's information

**Type of Information to be Shared:**

- Personal Identifying Information: Name (First, Middle, and Last), Social Security Number, Date of Birth, Ethnicity, Gender, Last Residence Information, Military Status, Contact Information
- Housing/Program Specific: Entry/Exits, Housing-related Assessments, Service Transactions related to Housing, Coordinated Entry, Referrals, including if you have disclosed a substance use disorder. No information regarding a child's substance use disorder will be shared.
- Assessment Specific: Income, Non-cash Benefits, Disability, Domestic Violence, Health Insurance

**Please indicate your choice regarding data sharing:**

**Option 1:** \_\_\_\_\_ By initialing here, I agree to **share** my and my child/children's above specified information and coordination of services **with all participating agencies in the VT HMIS data sharing agreement and the Chittenden County Homeless Alliance Coordinated Entry Process.**

**Option 2:** \_\_\_\_\_ By initialing here, I agree to **limit sharing** of my and my child/children's above specified information and coordination of services **to this agency and the agencies listed below.**

_____	_____
_____	_____
_____	_____
_____	_____

**Please indicate name and date of birth of each child, below.**

Name	Date of Birth




**Substance Abuse Treatment Records:**

Substance use disorder treatment records are protected by Federal confidentiality rules (42 CFR Part 2) and cannot be disclosed or re-disclosed without a patient’s express written consent or as allowed by the regulation.

If applicable,  I am  I am not authorizing \_\_\_\_\_ to share information about my substance use disorder, treatment, or referral for treatment, and HIV status.

By signing this form,  I am  I am not authorizing subsequent or re-disclosure of this information.

.....  
I understand that signing below relates only to sharing information and does not guarantee I will receive assistance. Alternatively, I understand that I will NOT be denied services if I refuse to consent to data sharing.

**Client/Parent or Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Client/Parent or Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Verbal Consent obtained by phone (Agency staff initials):** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*(Please refer to verbal consent guidelines when obtaining verbal consent)*

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Interviewer Name: \_\_\_\_\_  Staff  Volunteer

Organization: \_\_\_\_\_ Date: \_\_\_\_\_