

Worcester County Continuum of Care

Client HMIS Release of Information

Welcome to the Worcester County Continuum of Care. _____ is a Partner Agency in the Worcester Homeless Management Information System (WHMIS) serving Worcester County, MA.

WHMIS is a shared database where information about people working toward housing stability is stored. WHMIS is administered by the Central Mass Housing Alliance and it can improve the services and programs for homeless and low-income households by allowing authorized staff at Partner Agencies to share client information, coordinate care and better understand trends and service patterns over time.

WHMIS uses strong security protections to ensure confidentiality. Participation in the WHMIS program is important for our community's ability to provide the best services and housing possible. Information will be collected about you, the services provided to you, and the outcomes they have helped you to achieve.

- Personally Identifiable Information (PII) such as name, gender, race, social security number, and date of birth will be collected.
- Information collected may also include but not be limited to, veteran status, income, benefits, disabling conditions, case notes and service enrollment records about you and other members of your household.
- Information will not be shared beyond qualified staff at Partner Agencies who have a role in serving you or helping to coordinate care for you.
- A list of Partner Agencies is available at www.cmhaonline.org/hmis
- I understand that authorizing my information to be shared with Partner Agencies is voluntary.
- This information will be shared with the Massachusetts statewide HMIS data warehouse.
- I understand that a refusal to release my information will not limit access to shelter or services.
- I understand that a copy of my record is available to me.
- I understand that I can revoke this agreement at any time.

I give permission for my information and that of members of my household to be recorded in WHMIS for up to seven (7) years from the date of last activity and shared between Partner Agencies.

Head of Household
<print name>

Head of Household
<signature>

Date

Agency Witness
<print name>

Agency Witness
<signature>

Date