



Vermont Coalition to End Homelessness (VCEH) Coordinated Entry Partnership

PERMISSION TO SHARE PERSONAL & HEALTH INFORMATION TO SECURE HELP WITH HOUSING

A staff member will review this form with you. Signing is voluntary.

Each adult in a household must sign their own permission form.

Name of Individual: _____ DOB: _____ Last 4 of SSN: _____

A Parent/Legal Guardian may complete a release for one or more children at a time.

Name of Child (if applicable): _____ DOB: _____ Last 4 of SSN: _____

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Name of Parent/Legal Guardian (if applicable): _____

_____ has agreed to participate in the VCEH Coordinated Entry Partnership. The VCEH Coordinated Entry Partnership includes organizations that provide homeless and housing assistance. As part of the VCEH Coordinated Entry Partnership, agencies agree to share information about individuals and families with other agencies in the Partnership in order to help a household to find or keep housing as quickly as possible.

_____ also participates in the Vermont’s Homeless Management Information System (VT HMIS), Clarity. Agencies that participate in VTHMIS belong to an internet-based network. You have the option to share your information in VTHMIS with other agencies from whom you might be seeking housing help. With your permission, information you provide will be shared with this agency, the agencies on the VT Agencies Using HMIS, and limited staff of the Institute for Community Alliances, administrators of the database. Information collected is housed in a secure server owned and hosted by Bitfocus Clarity, in Nevada. Limited Bitfocus staff have access to this server and data for network support and maintenance. Data collected is maintained at least seven years.

HOW IT CAN HELP YOU WHEN YOU LET AGENCIES SHARE YOUR INFORMATION

Reduces the amount of time spent answering basic questions about your situation	Reduces the amount of times you have to tell your story to service providers
Faster access to services and housing help	Allows agencies to focus on meeting your unique needs
Eliminates duplicate intake paperwork	Multiple services can be better coordinated

I give my permission for the following homeless and housing service agencies (check all that apply):

- Agencies participating in the VT HMIS that are on the VT Agencies Using HMIS list.**
The list of agencies participating in this VTHMIS sharing agreement can be accessed at:
<https://icanewengland.helpscoutdocs.com/article/282-vermont-hmis-governance>. This list is subject to change.
- Agencies participating in the _____, except for the following agencies:**
The list of participating agencies is attached.

To communicate with and disclose to one another the following information (check all that apply):

- Personal Identifying Information: Name (First, Middle and Last), Social Security Number, Date of Birth, Ethnicity, Gender, Last Residence Information, Military Status
- Information about my housing status and barriers to stable housing, including income, non-cash income, history of domestic violence, evictions, debt, legal issues, etc.
- Information about my enrollment in services related to housing or other homeless assistance programs
- Information about the services my household receives from housing or homeless assistance programs: referrals, assessments
- Information about my physical and/or mental health condition(s), such as any disabilities or chronic medical conditions
- Information about my alcohol/drug related diagnosis, treatment or referral for treatment, and HIV status (as limited as possible). No information about a child's substance use disorder will be shared.
- Other _____

The purpose(s) of the disclosure authorized is:

- To determine the services that are necessary for me
- To facilitate obtaining resources to support my housing and related needs
- To coordinate services on my behalf and prevent duplication
- Other _____

By signing this form, I understand:

- The reason(s) I am being asked to release information.
- Signing this authorization is voluntary. I understand that ability to receive services or support is not conditioned upon authorizing this disclosure. However, by not giving authorization to share information, I may not be able to access housing help as quickly as possible. Also, some agencies may require that you answer certain questions to make sure that you are eligible for services.
- While _____ will take every precaution to protect my personal and health information, once it is released pursuant to this authorization, it may be subject to re-disclosure by other parties.
- My drug and alcohol treatment records and HIV status are protected by Federal confidentiality rules (42 CFR Part 2; HIPAA) and cannot be disclosed or re-disclosed without my express written consent or as allowed by the regulation. I am authorizing _____ to share information about my alcohol or drug related diagnosis, treatment or referral for treatment, and HIV status. By signing this form, I also authorize subsequent or re-disclosure of this information, if applicable, among the homeless and housing service agencies. By checking the box below, I signify that:
 I do not consent to re-disclosure of information concerning alcohol or drug related diagnosis, treatment or referral for treatment, and HIV status.
- I may revoke this authorization at any time by contacting _____ at _____, except to the extent that it has been acted upon.
- If I do not revoke or update this authorization, it will be in effect for 3 years from the date below.
- I will be provided a copy of this form.
- All items on this form have been completed and my questions about this form have been answered.

Signature of Individual or Parent/Legal Representative	Date
Name of Person Explaining Authorization Process	Organization / Position
	Date

<input type="checkbox"/> Verbal Consent obtained by Phone of Individual or Parent/Legal Representative	Date
Name of Person Explaining Authorization Process	Organization / Position
	Date

Verbal Consent Overview

On December 20, 2020, the VCEH authorized that verbal consent may be obtained for Coordinated Entry and HMIS data sharing in order to continue serving clients in need of housing assistance during the COVID-19 public health emergency. The following guidelines should be adhered to when obtaining verbal consent for Coordinated Entry data sharing.

Verbal Consent Guidelines

1. The VCEH Client Consent Form must be completed with each client over the phone. The “Verbal Consent obtained by phone” check box on page 4 must be checked with staff initials and date. A copy of this form should be kept in the client file.
2. Document release obtained with verbal consent in Clarity under the Client Profile tab.
 - a. In the Client Profile tab, click on the Client Privacy Shield, then click on “Add Release of Information” and record Documentation: Verbal Consent.
3. The next time the client is seen in person, they must be asked to sign the actual document which should replace the verbal consent form.
 - a. Signed paper forms can also be obtained by mail

Verbal Consent Script

- You should know the information you provide me is kept in a secure Information System, it’s kept confidential, and it is used to connect you with resources in the community and for statistical purposes.
- A copy of our privacy practices is available upon request.
- May we have your consent to share the information collected in order to coordinate services and referrals with other agencies? Yes- terrific. Your consent is good for the length of the Governor’s declared emergency (plus 90 days after the end of the emergency) and you can revoke consent any time by submitting a written request. If you revoke consent, we won’t share anything from that day forward.
- We can also provide you with a copy of the Client Informed Consent and Release of Information form any time upon request.