

**Harford County Homeless Continuum of Care
Consent to Participate in the
Homeless Management Information System (HMIS)**

The HC HMIS Project administers a computerized record keeping system that captures information about people experiencing homelessness, including their service needs. This agency uses HMIS as their data management tool to collect information on the clients they serve and the services they provide.

The HMIS system benefits you because you may not have to complete an additional intake interview should you need services from a collaborating agency that also uses HMIS. The information shared with one or more collaborating agencies will be used to help you access services such as emergency assistance, shelter, and transitional housing. Your written consent allows this agency to share your intake information with other collaborating agencies. You have the right to request information about who has viewed or updated your HMIS record and to receive a copy of this Consent Form.

The information that you share with this agency will be used to help you access services that will help you obtain and maintain permanent housing. You can choose to have any information that you have shared deleted from the system at any time as well as request a document containing information about who has viewed or updated your ServicePoint record. The information that you provide, combined with that provided by others, will be used, without any identifying information, for reporting requirements and advocacy.

This agency has an interagency sharing agreement with several collaborating agencies regarding individuals that are served by both agencies. These agencies also have an agreement with the Harford County Continuum of Care/Harford County Housing and Community Development and have completed security procedures regarding the protection and sharing of your data. These agencies may also use your information, without any identifying information, for reporting requirements and advocacy.

I, _____ CONSENT

(Participant Printed Name) DO NOT CONSENT

to have information (demographic, residential, employment, income, military, legal, services, and goals and outcomes) that I provided in intake interviews to staff at _____ to be shared electronically with collaborating agencies using the HC HMIS Computerized Record Keeping System for a period of no greater than five(5) years from today's date.

**MEDICAL, MENTAL HEALTH and SUBSTANCE USE HISTORY
SHARING AUTHORIZATION**

I, _____ CONSENT

(Participant Printed Name) DO NOT CONSENT

to have information (medical, mental health, and substance use history) that I provided in intake interviews to staff at _____ to be shared electronically with collaborating agencies using the HC HMIS Computerized Record Keeping System. Agencies are responsible for being aware of HIPAA compliance and federal regulations governing Confidentiality and Drug Abuse Patient Records (42 CFR part 2), and the Maryland Confidentiality of Medical Records Act (MCMRA) when sharing information. I understand that I may ask to have this information removed from the HC HMIS computerized record keeping system at any time in the future.

(Participant Signature) _____ Date _____

(Staff Member Signature) _____ Date _____