

# Raleigh/Wake County (NC-507) Coordinated Entry: NC HMIS CLIENT RELEASE OF INFORMATION & SHARING PLAN

## SECTION 1 - Identifying Information

**Introduction:** Many North Carolina shelters and helping programs use the North Carolina Homeless Management Information System (NC HMIS) to keep information about people that they help. We collect personal information from you that we need to help us help you. We have strict rules about sharing your information.

### Why do we collect information about you?

- Work with other agencies to help you
- Help case managers work together for you
- Connect you with other helping agencies. You may be eligible for other benefits
- Reduce the number of times you have to tell your story
- To allow agencies to be paid for their work with you and to help them apply for additional dollars that can be used to help you
- To help agencies meet their legal obligations

We need additional identifying information to insure your information is not confused with someone else. We also need to learn more about your situation to make sure you are eligible for services.”

### What basic identifying information is collected about you?

- Your name
- Your gender
- Your Social Security Number
- Your date of birth

### Finding your Information on the HMIS?

**Basic identifying information** (name, year of birth, **partial** Social Security Number, gender and your veteran status) can be seen by all North Carolina agencies that use HMIS. This information allows us to select the correct record and to better coordinate services for you. All persons using HMIS are trained and certified in privacy.

If you have a specific privacy concern you can ask to close this information so that only our Agency can see this information. Please initial here \_\_\_\_\_.

## SECTION 2 – Coordination of Care Sharing Plan

Many agencies also use the System to improve services to you through coordination of care. If you are receiving services from multiple agencies that participate in the System, agreement to the Sharing Plan defined below allows for these Agencies to see your information. You will only have to sign this release once and it applies to all Agencies listed below in “The Plan”.

**Your Rights (Instructions)** Put your initials next to the statements that you understand and agree to:

\_\_\_\_ I have received a copy of this Agency’s Privacy Notice/script that explains NC HMIS and my rights and responsibilities associated with how information is kept and shared through this system.

\_\_\_\_ I understand that my written consent allows the information listed in the Sharing Plan to be shared among the agencies listed in the Sharing Plan. All sharing agencies where I am receiving services may update that information as I provide additional or new information. The purpose of sharing my information is to better coordinate care for me and my family.

- \_\_\_\_\_ I understand that the confidentiality of my records is protected by law. I understand that this agency will never give information about me to anyone outside the agency without my specific written consent through a Sharing Plan or as required by law (The regulations are the Federal Law of Confidentiality for Alcohol and Drug Abuse Patients, (42 CFR, Part 2) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CRF, Parts 160 & 164) and certain North Carolina laws.
- \_\_\_\_\_ I understand that Agencies included in my Sharing Plan must follow strict privacy guidelines.
- \_\_\_\_\_ I can withdraw my consent to share at any time; however, any information already shared with another agency cannot be taken back. I also understand that the request to discontinue sharing will have to be coordinated between sharing partners. I should tell any agencies that I am seeing included on the Plan when I withdraw my consent.
- \_\_\_\_\_ I understand that I have the right to see my information, request to change it, and to have a copy of that information from the servicing agency by written request. An agency can refuse to change information in my record but must provide me with a written explanation of the refusal within 60 days of the request. Agencies are allowed to charge for reproducing a record.
- \_\_\_\_\_ I understand that the refusal to share information in this system will not be used to deny me services such as emergency assistance, outreach, shelter, or housing assistance.
- \_\_\_\_\_ I understand that some of my information may be disclosed for academic research purposes without identifying information included. My name and other identifying information may be used to match records but will not be released to be used directly in the research unless I sign a separate consent when identifying information is a requirement for the Study (example: so a researcher can contact me).

**Description of Information Shared through the Coordination of Care Plan**

- Client Profile and Demographic Information
- Household Information
- Contact Information
- Veteran Status
- Entry/Exit assessment information
- Homeless Status and History
- Disability Information
- File Attachments
- VI-SPDAT assessments
- Needs and Services
- Wake Coordinated Entry Pre-Screen information
- Household Income

**This information** (listed above) can be seen by all the agencies listed below to help coordinate your care. Any of these agencies can share your information with each other.

- Permanent Housing Providers
- Victim Service Providers
- Raleigh/Wake Partnership to End & Prevent Homelessness
- Emergency Shelter Providers
- Street Outreach Providers
- Healthcare Providers
- Legal Service Providers
- Veteran Service Providers
- Homelessness Prevention Providers

Follow this link to get a full list of providers: <https://partnershipwake.org/hmis-resources/>

**Instructions:** Check the box next to the statement that you understand and agree to:  
I agree to have all of my information visible to all helping agencies listed above.

- a.  Yes, I agree to share according to the Sharing Plan.
- b.  No, I do not agree to the Sharing Plan (Only our agency will be able to see all your detailed information).

**SECTION 3 – Outreach Sharing Plan**

**Sharing Plan for the purpose of improving outreach to individuals who may qualify for benefits**

Many North Carolina community programs have requested to use your information to see if you might qualify for housing or income supports. **Please read each statement below and circle your response(s).**

1. If you are homeless, you might be eligible for housing in our community. We have a housing review committee that has case managers from many of our agencies. To participate in this process, the agencies will need to see information recorded in HMIS. With your permission, an agency may contact you if that information shows that you may be eligible for local housing services.

A list of specific agencies involved in this process will be had upon request.

*Information that will be shared includes: Name, coordinated assessment information, homeless status, chronically homeless status, veteran status, disability*

**Yes I agree to share my HMIS data for Housing Prioritization: (Circle Response): Yes/No/NA**

2. We may need to document your homeless history to see if you are eligible for specific community programs. Your case manager may contact a Representative from the Michigan Coalition against Homelessness (MCAH) / NC HMIS (NC HMIS lead agency) to view data recorded in HMIS in order to complete a housing history document. With your permission, these representatives will complete the document and give it to your case manager.

*Information that will be shared includes: HMIS number, Name, date of birth and Social Security Number, housing history*

**Yes I agree that MCAH may share data with my Case Manager: (Circle Response): Yes/No/NA**

3. In order to better coordinated care outside of the programs you are currently enrolled in, it may be beneficial for your service provider to share some information with the Wake County Public School McKinney Vento Liaison's Office.

*Information that will be shared includes: HMIS number, Name, date of birth, housing history*

**Yes I agree that my Case Manager can share data with the McKinney Vento Liaison: (Circle Response): Yes/No/NA**

**This Release is active for one year effective the date of Signature.**

Client signature: \_\_\_\_\_, Date: \_\_\_\_\_,

Signature of guardian or authorized-representative (when required): \_\_\_\_\_

Relationship to client: \_\_\_\_\_ Date signed by guardian/authorized representative: \_\_\_\_\_