Client Informed Consent & Release of Information and Authorization for Use of Homeless Management Information System (HMIS)

I, _____, am seeking assistance from Matrix Community Outreach Center, Inc. I give permission to their representative(s) to release and/or obtain the following information:

1. Information regarding my general condition, past or present.
2. Information concerning services provided to or requested by me.
3. Agency consultations, including but not limited to utility companies, leasing offices, landlords, property management companies, mortgage servicers, financial institutions, the Department of Children and Families (DCF), and other agencies or entities relevant to my case.
4. Other: _____

Matrix Community Outreach Center, Inc. is a Partner Agency in the Homeless Management Information System (HMIS). HMIS is a shared homeless and housing database system administered by the Homelessness & Housing Alliance (HHA). HMIS helps improve services and programs for homeless and low-income households by allowing authorized staff at Partner Agencies to share client information and to track service patterns and outcomes over time.

HMIS operates over the internet using secure protections to ensure confidentiality. Participation in HMIS is important to our community's ability to provide you with the best services and housing possible. As you receive services, basic information (known as Universal Data Elements [UDEs]) will be collected about you, including your legal name, Social Security number, gender, race, date of birth, and other data needed to verify your identity and eligibility. Information about the services provided to you and the outcomes of those services will also be collected.

As outlined in our Notice of Privacy Policy, we are required by law to protect the privacy of this information and to explain how, when, and why we may use or disclose it.

- Your name and other identifying information will not be shared with any agency not participating in HMIS (unless required by law).
- Your legal name, Social Security number, gender, race, and date of birth may be shared with Partner Agencies for identification purposes, even if you choose not to share other sensitive information.
- Sensitive information, such as diagnoses or treatment for mental health, substance use, HIV/AIDS, or domestic violence, will not be shared between Partner Agencies without your specific written consent.
- A list of Partner Agencies is available upon request.
- Refusing to share information will not limit your access to shelter or services.

Consent Revocation:

This consent may be revoked by me at any time, except to the extent that action has already been taken in reliance upon it. Unless revoked earlier, this consent will expire one year from the date below.

Signature _____ Date _____

Witness _____ Date _____