

**ShelterLink**  
**HMIS Client Consent Form**  
**Authorization for Release of Confidential Information**

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**Agency Name** \_\_\_\_\_ **Program Name** \_\_\_\_\_

**Client Name** \_\_\_\_\_

**Dependent children, if any** (first and last names and date of birth)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I know that this agency is part of the Norfolk ShelterLink HMIS (Homeless Management Information System.) The HMIS is a system that uses computers to collect information about homelessness in order to help pay for services to people who are homeless.

**With this written consent**, the HMIS agencies listed on page two of this agreement may enter, see and update restricted information about me and my children including health, medical needs, mental health and domestic violence information. The purpose of the disclosure authorized in this consent is to coordinate services.

Other agency staff members who have signed the HMIS confidentiality agreement will be allowed to see, enter or use information kept in the HMIS system. This agency will never give information about a person to anyone outside this system without the person's written consent, or as required by law through a court order.

- I understand that my treatment records are protected under state and federal regulations governing confidentiality of patient records.
- 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 CFR, Parts 160 & 164.
- The records cannot be shared without my written consent except as provided for in the regulations.
- I also understand that I may end this consent and no *new* information will be shared.
- I understand that there may have been information shared and services provided based on this consent when it was in effect. Ending this consent cannot change that.
- I understand that any notice to end this consent must be in writing.
- This consent will end three years from today.

Information in this system may not be used to deny outreach, shelter or housing. My decision to sign or not sign this consent document will not be used to deny outreach, shelter or housing services. I have a right to see my HMIS record, ask for changes, and to have a copy of my record from this agency upon written request.

I authorize this agency to share my restricted information with the following agencies on the Norfolk ShelterLink HMIS:

- FORKids
- The Dwelling Place
- YWCA of South Hampton Roads
- Norfolk Department of Human Services HART Team

I do not authorize this agency to share my restricted information with other agencies on the Norfolk ShelterLink HMIS.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Witness

\_\_\_\_\_  
Date

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