

Minnesota's HMIS Release of Information West Central Minnesota

For: _____
Print First, Middle, and Last Name _____
Date of Birth

If you permit it, this agency may share your HMIS information with the agencies listed below. Together, we may be able to serve you better.

Please check (✓) a box:

- DO NOT SHARE:** I do **not** want **any** of the information about me in Minnesota's HMIS shared with any other service providers. *(Data security = Closed)*
- SHARE:** This agency may share my name, date of birth, race, ethnicity, Social Security Number, and the same information from any other children in my family who are being served with me at this time. *(Data security = Closed with exceptions)*

Make a check mark beside agencies we can share with.

<input type="checkbox"/> Clay County HRA	<input type="checkbox"/> Lakes and Prairies
<input type="checkbox"/> Compassion House	<input type="checkbox"/> Mahube-Otwa
<input type="checkbox"/> Dorothy Day	<input type="checkbox"/> West Central MN Community Action

Which information can we share with the agencies checked above? *(Open padlocks on selected items)*

- | | |
|---|--|
| <input type="radio"/> Your program entry and exit
<input type="radio"/> VI-SPDAT and related assessment information
<input type="radio"/> If you are homeless or not
<input type="radio"/> Military status | <input type="radio"/> Disability of long-duration status
<input type="radio"/> Living situation and housing history
<input type="radio"/> Other: _____
<input type="radio"/> Other: _____ |
|---|--|

When you sign this form, it shows that you understand the following.

- We will **not** deny you help if you do not want us to share your personal information.
- If you permit us to share your data, this consent will expire in one year.
- If you permit us to share your data, you may change your mind and cancel this consent at any time.
- The people listed on Minnesota's HMIS Data Privacy Notice, and this agency's privacy notice, may see your information in HMIS. They may see it even if you tell us we cannot share.

SIGNATURE OF CLIENT OR GUARDIAN **DATE** _____
Signature of agency witness **Date**

- Please treat information about my children age 17 or younger the same as mine.**