**About HMIS**

The Homeless Management Information System (HMIS), or “ClientTrack”, is a secure online database used by this agency to store personal information from people who receive help. By agreeing to receive help from us, you are allowing us to collect and enter your information into HMIS. Personal information collected and entered into HMIS includes but is not limited to name, social security number, date of birth, gender, race, ethnicity, housing status, income and sources, referrals, referral outcomes, and photographs.

**About this Form**

This form controls whether or not you share your information in HMIS. Sharing means that HMIS users at other agencies using HMIS can see your information. HMIS has security rules that are updated regularly to meet privacy and confidentiality laws. All HMIS users are required to sign a confidentiality agreement, agreeing to protect your privacy. A list of agencies using HMIS is at https://www.thn.org/wp-content/uploads/2018/01/ParticipatingAgencies.pdf. This list will change as agencies stop or start using HMIS.

By signing this form, you are allowing the sharing of your information with other agencies using HMIS for 7 years or until stopped by you. Sharing may reduce the time you have to spend answering questions. Sharing may make it easier for us to match help to your household. Sharing may also make reporting to funders easier, which may bring more funding to our community to help end homelessness.

**Your Rights**

These are your rights:

* To not share your personal information
* To receive help regardless of your decision about sharing your information
* To get a copy of the Texas Balance of State Continuum of Care HMIS Privacy Policy
* To get a copy of your personal information in HMIS
* To ask us or any agency using HMIS to correct mistakes related to your personal information in HMIS
* To submit a question regarding HMIS, request to cancel the sharing you allowed, or file a grievance with our HMIS Administrator
* To submit an appeal to THN at hmis@thn.org

**Sharing Outside of HMIS**

Your information may be used and released outside of the system for the following reasons, whether or not you opt to share your information:

* To provide or match your household to help which includes through case conferencing or using the Housing Priority List
* To carry out administrative purposes such as legal, financial, audit, personnel, oversight, and management
* For creating de-identified information
* As required by law
* To prevent a serious threat to health and safety
* To report abuse, neglect, or domestic violence
* For research purposes
* For law enforcement purposes such as in response to a lawful and specific court order or subpoena

I agree to share my information with other agencies in HMIS. Unless otherwise noted below, please treat my age 17 or younger children’s information the same as mine.

**Participant Signature Name (Printed) Date**

**Project Staff Signature** **Name (Printed)** **Date**

**Children’s Names**

|  |  |
| --- | --- |
| 1. | 6. |
| 2. | 7. |
| 3. | 8. |
| 4. | 9. |
| 5. | 10. |
| Parent/Guardian’s Notes:  Do not share my age 17 or younger children’s information with other agencies in HMIS.  **Participant Signature Name (Printed) Date** | |

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| For Project use only:  Verbal consent obtained by phone:  **Project Staff Signature Date**  NOTE: The ROI must be reviewed again and obtained when the household physically presents for services.  Participant does not wish to share their information:  **Project Staff Signature Date** |