

# Client Release of Information

## Washington State HMIS

This agency participates in the Washington State Homeless Management Information System (HMIS) by collecting information, over time, about the characteristics and service needs of men, women, and children experiencing homelessness.

To provide the most effective services in moving people from homelessness to permanent housing, we need an accurate count of all people experiencing homelessness in Washington State. In order to make sure that clients are not counted twice if services are received by more than one agency, we need to collect some personal information. Specifically, we need: **name, birth date, race, and last permanent address**. You may also choose to provide your social security number, but signing this form does not require you to do so. Your information will be stored in our database for 7 years.

- We will guard this information with strict security policies to protect your privacy. Our computer system is highly secure and uses up-to-date protection features such as data encryption, passwords, and identity checks required for each system user. There is a small risk of a security breach, and someone might obtain and use your information inappropriately. If you ever suspect the data in HMIS has been misused, immediately contact the HMIS System Administrator at (360) 725-3028.
- The data you provide will be combined with data from the Department of Social and Health Services (DSHS) for the purpose of further analysis. Your name and other identifying information will not be included in any reports or publications. Only a limited few staff members in the research division who have signed confidentiality agreements will be able to see this information.
- Your decision to participate in the HMIS will not affect the quality or quantity of services you are eligible to receive from this agency, and will not be used to deny outreach, shelter or housing. However, if you do choose to participate, services in the region may improve if we have accurate information about homeless individuals and the services they need.

I consent to the inclusion of personal information in HMIS about me and any dependents listed below and authorize information collected to be shared with partner agencies. I understand that my personal information will not be made public and will only be used with strict confidentiality. I also understand that I may withdraw my consent at any time.

Dependent children under 18 in household, if any (first and last names):

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**CLIENT SIGNATURE (PARENT/GUARDIAN)**

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**DATE**

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**CLIENT NAME**

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**DATE OF BIRTH**

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**STAFF NAME**