



Client Consent to Release Information

Connections for the Homeless (Connections) is a partner in the Northeast Illinois Homeless Management Information System (HMIS). HMIS is a project of the Alliance to End Homelessness in Suburban Cook County (Alliance) in partnership with organizations in northeast Illinois that support or provide homeless, health care, medical, or social services to persons and families in need. When you request or receive services, Connections collects data about you and members of your household that may be shared with other HMIS partner organizations.

How do I benefit by providing the requested information and sharing it with other organizations?

By sharing your information with other partner organizations, you will help them identify other services or programs you may be eligible for and better coordinate services for you and your household.

How will my data be protected?

Your data is entered into a computer program that is protected by passwords and encryption technology. In addition, each partner organization must sign an agreement to maintain the security and confidentiality of your information. Any person or partner organization that violates the agreement will have their HMIS access terminated and may be subject to further penalties.

How else will my data be used?

Regardless of which option you choose below, your data may be used for statistics and research, such as reports on the number of persons that are homeless or at risk of homelessness. This helps to document the need for services and obtain funding necessary to better serve homeless persons. Your name, social security number or other identifying information may be used to match records, but will not be used directly in the research unless you sign a separate consent.

By signing this form, I agree to share the following level of information with other HMIS partner organizations:

- Profile Plus: My Primary Identifying Information including Name, Date of Birth, Social Security Number (or ITIN) , Illinois Recipient Identification Number, Gender, and Veteran Status, as well as General Client Information such as Ethnicity/Race, Residence Information, Marital Status, Household Relationships, Housing Status, Income, Assessment Date, and information on Services provided
Profile Only: Only my Primary Identifying Information including Name, Date of Birth, Social Security Number (or ITIN), Illinois Recipient Identification Number, Gender, Veteran Status, Household Relationships, and Housing Status
I do not agree to share any of my information outside of Connections.

I UNDERSTAND THAT:

- This consent form expires in three (3) years, meaning that any data collected after that time will require an updated consent form before that data will be shared.
I have the right to revoke this consent at any time by writing to Connections. However, the revocation will not be retroactive to any information that has already been shared.
I am not giving permission to share information about the diagnosis or treatment of any specific medical condition, a mental health disorder, drug or alcohol disorder, HIV, AIDS, or domestic violence concerns.
The specific ways in which Connections may use or share my information are stated in its Notice of Privacy Practices, which is posted at Connections' administrative headquarters and on its website, www.connect2home.org, and I may request a paper copy. The terms of this Notice may change and I may obtain a revised copy of the Notice from Connections.
I have read or Connections has summarized the information in the Notice of Privacy Practices.

Printed Name(s)(including minor children)

Signature of Consumer or Guardian

Date

Signature of Agency Witness

Date