

## **SAMPLE RELEASE OF INFORMATION**

### **Authorization to Disclose Client Information**

The U.S. Department of Housing and Urban Development (HUD) requires agencies that receive certain types of HUD funding to use the Homeless Management Information System (HMIS, or in Delaware, Community Homeless Management Information Systems, CMIS). Other funding sources also require program participation in CMIS. This system is not electronically connected to HUD and is only used by authorized Agency Partners. All persons accessing CMIS have received confidentiality training and have signed agreements to protect clients' personal information and limit its use appropriately. The CMIS Privacy Policies and Procedures document is available upon request and is posted on the CMIS Lead website. Any additional data sharing agreements, providing details on how the member agency handles client information beyond the baseline CMIS Privacy Policy, are available at the agency service sites.

I give permission to the agency listed below to collect and enter information into CMIS about me and my household, which includes demographics, picture, health information, and services that I receive from Agency Partners. I understand that data in CMIS is shared with and used by authorized Agency Partners in my community for the purposes of:

- Assessing clients' needs in order to provide better assistance and to improve their current or future situations.
- Improving the quality of care and service for people in need.
- Tracking the effectiveness of community efforts to meet the needs of people who have received assistance.
- Reporting data on an aggregate level that does not identify specific people or their personal information.

I understand that:

- Signing this release form does not guarantee that I will receive the requested services.
- I have the right to review my CMIS record with an authorized user.
- Unauthorized people or organizations cannot gain access to my information without my consent.
- All agencies that use CMIS will treat my information with respect and in a professional and confidential manner.
- If I do not sign this form, it will not affect whether or not I can receive services from the agency listed below and any other Agency Partners. However, I would need to contact each such agency directly to apply for assistance and for a determination of eligibility.

- I understand that this authorization shall remain in effect from the date of my signature below and for the length of three (3) calendar years.
- I understand that I may revoke this authorization at any time by notifying the agency listed below in writing. I also understand that the written revocation must be signed and dated later than the date on this authorization. The revocations will not affect any actions taken before the receipt of the written revocation.

My signature below authorizes the agency listed below to enter and potentially release my name, relative personal information, and my need for services and support to necessary individuals or Agency Partners.

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Print Client Name

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Client Signature

Date

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Name of CMIS Agency Partner

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Witness (from CMIS Agency Partner) Signature

Date