



Release of Information Authorization

[Agency name] is a partner in the Will County Continuum of Care (WCCoC) Homeless Management Information System (HMIS). HMIS is a project of the United Way of Will County(UWWC) in partnership with organizations in Will, Kendall, and Grundy Counties, Illinois that support or provide homeless, health care, medical, or social services to persons and families in need. When you request or receive services, [Agency Name] 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 WCCoC 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:

- I agree to share all information collected with all Partner Agencies.
- I do not agree to share any of my information outside of [Agency Name].

I UNDERSTAND THAT:

- This Consent Form expires in three years from date of execution, 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 UWWC, HMIS Project Management Team Leader, 54 North Ottawa Street Ste 300, Joliet, IL 604352. 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 [Agency Name] may use or share my information are stated in its Privacy Notice, which is posted [specific Agency location and web site URL], 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 [Agency Name].
- I have read or [Agency Name] has summarized the information in the Privacy Notice.

Printed Name(s)(including minor children)

Signature of Consumer or Guardian

Date

Signature of Agency Witness

Date