It is up to you whether you want to sign this form. The information you allow us to disclose could later be re-disclosed by the recipient and if that person or organization is not a health plan or health care provider, the information may no longer be protected by Federal privacy regulations. Your decision whether to complete this form will not affect your eligibility for benefits, treatment, payment, or enrollment in other services.

* The Connecticut Homelessness Management Information System (CT HMIS) is a shared system. This means that authorized CT HMIS Participating Agencies will enter your information into the CT HMIS database. These participating agencies will have access to the information that is entered into HMIS. Sharing your data allows service providers to see if they have housing services that fit your needs. It does not guarantee that you will receive housing. The type of information collected in the system includes basic identifying information for you and each member of your household (including name, SSN, date of birth, gender, race, ethnicity, household information, phone number, military veteran status, phone numbers, military veteran status, and disability status). The information entered into HMIS may include information regarding your physical and mental health, including history of substance abuse or HIV/AIDs; whether you are currently receiving services or treatment; and about referrals for services and housing by participating agencies.

**A list of participating agencies which will have access to your information is attached. To see a list of participating agencies please go to this website: http://www.cthmis.com/info/detail/general-hmis-info/23 and click the “CT HMIS - List of Participating Agencies” link at the bottom of the page.**

**Amendments and/or changes are made to this list from time to time. You may request an updated paper copy from The Connecticut Coalition to End Homelessness (860-721-7876) at any time.**

**NAME (LAST, FIRST): DATE OF BIRTH:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I authorize the agencies referenced above to input my information *described above* into CT HMIS and to access my information stored there for the purpose of ensuring effective coordination of services. Information entered into or accessed from CT HMIS will not be used in any way to diagnose or treat any physical or mental health conditions.

* I understand that my information may be used for research, evaluation, and advocacy. This may include research projects that seek to match my needs with other agencies or programs that may assist in providing housing, case management, or other health and/or homelessness-related services. I will always be protected by federal and state privacy laws. My personal identity will never be part of any research reports.
* A representative of the *\*\*AGENCY NAME\*\** has explained my rights with regard to the CT HMIS Project to me and given me a written copy of the explanation.
* This release of information additionally covers all minor members of the household accessing services.

* I can ask to see a document which lists the persons who have updated my client record in the CT HMIS. If I have any concerns about how my personal data is being used or entered into the CT HMIS database I can contact *\*\*DESIGNATED AGENCY CONTACT PERSON.\*\**

I understand that if I need homeless assistance in the future, I will be asked to complete this consent form again.

***NOTICE TO RECIPIENT OF CLIENT’S INFORMATION***

All or part of this information may have been disclosed to you from records protected by Federal and/or Connecticut state law which prohibits you from making any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by said law(s). A general authorization for the release of medical or other information is NOT sufficient for this purpose. In addition, Federal rules (42 C.F.R. Part 2) restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

I understand that this form will expire two years from the date I signed it. I may revoke this authorization in writing at any time; however, I understand that revoking it cannot be change anything about information disclosures that have already occurred.

Client Signature: Date:

**Note: If you are a legal guardian or representative, you must attach a copy of your legal authorization to represent the member and complete the following:**

Signature of Guardian/Representative:

Print: Date:

Legal Authority:

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Agency witness signature Print Name                    Date*

If you have any questions or need additional information regarding this form please contact the Connecticut Coalition to End Homelessness at 860-721-7876 or online at cceh.org.

**If you have any questions or need additional information regarding this form please contact CCEH at 860-721-7876 or on line cceh.org.**

**Agencies that Participate in CT HMIS as of 5/28/2015**

**Please review most up-to-date list by clicking the “Download File” link at:**

[**http://www.cthmis.com/files/file\_detail/1910/**](http://www.cthmis.com/files/file_detail/1910/)

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| **FAIRFIELD COUNTY CAN** |
| ABCD, Inc. | Laurel House |
| ABRI - Homes for the Brave | Liberation Programs (LMG) |
| AIDS Project Greater Danbury  | Malta House, Inc. |
| Alpha Community Services | MCCA-Midwestern Connecticut Council on Alcoholism |
| Association of Religious Communities (ARC) | Mid Fairfield AIDS Project |
| Bridge House | New Opportunities, Inc. |
| Bridgeport Rescue Mission  | New Reach, Inc |
| Bridgeport Tabernacle Community Development  | Norwalk Emergency Shelter (Open Door Shelter) |
| Casa Inc. | Operation Hope |
| Catholic Charities of Fairfield County (Bridgeport) | Refocus Abbey's House |
| Catholic Charities of Fairfield County (Danbury) | Refocus Outreach Ministry  |
| Center for Human Development - Conn. Outreach West | RNP - Recovery Network of Programs, Inc. |
| City of Bridgeport  | Shelter For The Homeless |
| City of Danbury (COD) | South Western CT S+C |
| Danbury Housing Authority | St. John's Family Center  |
| Family and Children's Agency | St. Vincent's CRS |
| Family and Children's Aid | Supportive Housing Works |
| Frank Habanksy Food Pantry | The Connection |
| Healing Tree Economic Development | The Workplace |
| Homes with Hope Inc. | Western Connecticut Mental Health Network |
| Inspirica, Inc. |  |

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| **HARTFORD COUNTY CAN** |
| AIDS CT (ACT) | Journey Home |
| Capitol Region Mental Health S+C | Judah House |
| Christian Activities Council (CAC) | Manchester Area Conference of Churches, Inc. |
| Chrysalis Center Inc. | Mercy Housing and Shelter |
| Columbus House Inc. | My Sister's Place |
| Community Health Resources | Open Hearth Association |
| Community Renewal Team (CRT) | Salvation Army Marshall House - Hartford |
| Cornerstone Shelter | South Park Inn |
| Hands On Hartford | Tabor House  |
| House of Bread | Tri-Town Shelter Services, Inc.  |
| Imma Care | VA Connecticut - Outreach |
| Inter Community Mental Health Group | YWCA Of The Hartford Region  |

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| **GREATER NEW HAVEN CAN** |
| Area Congregations Together | Jewish Family Services |
| Beth El Center | Leeway |
| BHcare | Liberty Community Services Inc. |
| Christian Community Action Inc. | New Reach |
| Columbus House Inc. | The City of New Haven |
| CMHC Community Services Network | The Connection |
| Continuum of Care | Youth Continuum |
| Emergency Shelter Management Services |  |

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| **NORTH WEST CAN** |
| Catholic Charities of Waterbury - Food Pantry | New Opportunities, Inc. |
| Center for Human Development - Conn. Outreach West | NWCT YMCA |
| Charlotte Hungerford Hospital Beh. Health Center | Salvation Army Family Shelter - Waterbury |
| FISH of NW CT | St. Vincent DePaul Mission Shelter of Waterbury  |
| Independence Northwest (INW) | Torrington Y Limited Partnership |
| McCall Foundation | Waterbury Hospital |
| Mental Health Association of CT | Western Connecticut Mental Health Network |

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| **NORWICH/NEW LONDON CAN** |
| Alliance for Living | Reliance House  |
| Bethsaida Community Inc.  | Southeastern Mental Health Authority |
| Columbus House | Thames River Community Service, Inc. |
| Covenant Shelter  | Thames Valley Council for Community Action |
| Mystic Area Shelter and Hospitality | The Connection - Supportive Housing New London |
| New London Hospitality Center | United Way of Southeastern CT |
| Norwich Human Services |  |

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| **MIDDLESEX CAN** |
| Chrysalis Center Inc. | River Valley Services |
| Columbus House Inc. | Rushford Center Inc. |
| Community Health Center Inc. (CHC)  | St. Vincent de Paul Middletown |
| Mercy Housing and Shelter Corp | The Connection - Eddy Center |
| New Opportunities, Inc. | Wallingford Emergency Shelter  |
| New Reach  |  |

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| **CENTRAL CT CAN** |
| Chrysalis Center Inc. | Salvation Army - New Britain Corps Community Center |
| Columbus House Inc. | St. Philip House  |
| Community Mental Health Affiliates | St. Vincent DePaul Mission of Bristol |
| Friendship Service Center of New Britain, Inc. | Veterans Inc. |
| Human Resources Agency of New Britain | YMCA |
| Prudance Crandall | Salvation Army - New Britain Corps Community Center |

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| **NORTH EAST CAN** |
| Access Agency, Inc. | Perception Programs |
| Columbus House | United Services Inc. (Balance of State) |
| Holy Family Home and Shelter  | Windham Regional Community Council |

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| **STATEWIDE ORGANIZATIONS** |
| **STATE OF CONNECTICUT** | **UNITED WAY OF CONNECTICUT** |
| Department of Social Services | 211 Infoline |
| Department of Housing | Nutmeg Consulting |
| Department of Mental Health & Addiction Services | Connecticut Coalition to End Homelessness |