



**THIS NOTICE DESCRIBES HOW COLORADO HMIS DATA
ABOUT YOU AND YOUR HOUSEHOLD
MAY BE USED AND DISCLOSED AND
HOW YOU MAY ACCESS COLORADO HMIS DATA**

PLEASE READ CAREFULLY

Form Effective Date: February 1, 2013

Our Duty to Safeguard Your Protected Information

This notice describes the privacy policy of the Colorado HMIS and its partner agencies. Colorado HMIS may amend this policy at any time. We will collect information about you and your household only when appropriate. We are required to protect the privacy of all identifying information. We may use or disclose your information to evaluate services needed, to impact public policy and to understand the homeless and at-risk population. We assume that you agree to allow us to collect information and to use or disclose it as described in this notice. The full privacy policy and practices is available upon request, should you have any questions or concerns please contact the agency staff.

How We May Use and Disclose Your Information

Data collected is used and disclosed for reporting on homelessness and services needed by those who are homeless or at-risk. HMIS Partner Agencies are permitted to share confidential client information with other Partner Agencies for the purpose of better coordination of housing and services. At any time, the client has the right to ask for a current list of Partner Agencies. Information that could be used to tell who you are will never be used for published reports. We must have your consent to use and disclose your information beyond these purposes unless the law permits or requires us to make the use or disclosure without your permission. We are required to report a life-threatening situation to you or others, and/or a suspicion of child abuse or neglect to the proper authorities.

Your Rights Regarding Your Information

- Unless you and your household participate in an agency or program that requires participation in Colorado HMIS, you have the right to get services even if you choose NOT to participate in Colorado HMIS.
 - You have the right to ask for information about who will see your information.
 - You have the right to review your HMIS information. To request your information, please contact the agency and follow their procedure for accessing information.
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Colorado HMIS
Client Informed Consent and Release of Information Authorization

The servicing agency has explained to me that they will collect information about me and/or my household to help provide the best possible services. This form explains my options and rights regarding my participation in Colorado Homeless Management System (HMIS).

Put your initials next to the statements that you understand and agree to:

_____ I understand that this written consent allows the servicing agency to enter, see, and update information about my household in Colorado HMIS. I understand that the confidentiality of my records is protected by law. My information may be shared with other partner agencies that use Colorado HMIS. I have been provided a list of these agencies. The partner agencies may share limited identifying information about the people they serve with other parties working to end homelessness.

_____ I understand that I may submit a written request to remove my consent at any time. I also understand that once this has occurred, no additional information about myself or my household will be entered into the Colorado HMIS.

_____ I understand that I have the right to review my Colorado HMIS program specific information, and to have a copy of that information from the servicing agency by written request.

_____ Unless I participate in a program that requires my participation in Colorado HMIS, I understand that the information in this system will not be used to deny me services such as emergency assistance, outreach, shelter, or housing assistance.

_____ I understand that this release is valid for a minimum of seven (7) years after the last time I receive services from the servicing agency.

This release applies to (print name & relationship to head of household):	(Agency Use –& Client ID)
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Signature of Head of Household/Guardian

Signature of Agency Witness

Date

Date