



**Institute for Community Alliances**  
**Homeless Missourians Information System Network**  
**Client Informed Consent to Share and Release of Information**

The **Homeless Missourians Information Systems Network** is a group of agencies working together to provide services to homeless and low-income individuals in the State of Missouri. This group includes shelter, housing, food, state, private and non-profit social service agencies, and faith based organizations. I give this partner agency permission to share the following information regarding my household. I understand that this information is for the purpose of assessing needs for housing, utility assistance, food, counseling and/or other services.

**The information being shared may consist of the following:**

- Identifying and/or historical information regarding my household.
- My household income, non-cash benefits, and health insurance information.

**I understand that:**

- Information I give concerning physical or mental health problems will not be shared with other partner agencies in any way that identifies me or other members of my household.
- The partner agencies have signed agreements to treat my household's information in a professional and confidential manner. I have the right to view the client confidentiality policies used by the HMIS.
- Staff members of the partner agencies who will see my household's information have signed agreements to maintain confidentiality regarding my household's information.
- The partner agencies may share non-identifying information about the people they serve with other parties working to end homelessness.
- I have the right to refuse to answer certain questions.
- The sharing of information does not guarantee that services will be provided. Declining to share information does not prohibit the provision of services.
- This authorization will remain in effect for twelve months unless I revoke it in writing.
- If I revoke my authorization, all information about my household entered into the database from that date forward will not be shared with partner agencies.
- A list of the partner agencies within the network may be viewed prior to signing this form.

Hillcrest Transitional Housing

Agency Name

MO BoS CoC CE

Project Name

\_\_\_\_\_  
 Client Name (*please print*)

\_\_\_\_\_  
 Client Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Agency Personnel Name (*please print*)

\_\_\_\_\_  
 Agency Personnel Signature

\_\_\_\_\_  
 Date

Head of Household Client ID Number: