

## Maine's HMIS Authorization to Disclose Information

Agency: \_\_\_\_\_

For: \_\_\_\_\_  
Print First, Middle, and Last Name (Complete one form for each adult)

\_\_\_\_\_ Date of Birth

Children/Incapacitated Persons: \_\_\_\_\_

\_\_\_\_\_ Date of Birth

\_\_\_\_\_

\_\_\_\_\_ Date of Birth

\_\_\_\_\_

\_\_\_\_\_ Date of Birth

Your personal information and that of the above listed persons for whom you have authorization to sign will be collected by the above Agency and entered into Maine's Homeless Management Information System (HMIS). With your consent your personal information, including historical information in HMIS, will be made available to other agencies providing services to you through HMIS.

A list of agencies participating in HMIS that may have access to your information if you sign this authorization is at [www.mainehmis.org](http://www.mainehmis.org) and available from Agency.

### Why disclose your information to other agencies?

- Sharing reduces the amount of time you have to spend answering basic questions about your situation.
- Sharing allows agencies to focus on meeting your unique needs quickly.
- Sharing makes it easier for multiple agencies to coordinate housing and services for you and your family.

### What information might be disclosed to other agencies?

- Family/Household Information
- Name, birthdate, Social Security Number
- Gender, race, ethnicity
- Reasons for seeking services
- Living situation and housing history
- Services you receive
- If you are homeless or not
- Your income and income sources
- Disabling condition(s)
- Public benefits you receive
- History of domestic violence
- Educational background
- Employment information
- Military history
- Health information, including physical health, HIV, behavioral health (mental health and substance use disorder information)

### Please check (✓) a box:

**DISCLOSE:** I consent to have the information collected by Agency about me and historical information about me already in HMIS disclosed through Maine's HMIS to other partner agencies in order to improve services to me and the services offered to others. *I intend that this authorization permit Agency to disclose through the HMIS system any HIV, mental health and substance abuse or substance use disorder information Agency may collect about me. I understand that disclosing HIV information could potentially have adverse implications for me, including the loss or denial of employment, health insurance benefits, or life insurance benefits; alienation from friends and family members; and other forms of discriminatory treatment, whether lawful or unlawful. This consent does not apply to any information collected by Milestone Recovery, any runaway and homeless youth program or any victim service provider.*

**DO NOT DISCLOSE:** I do **not** want **any** of the information collected by Agency about me disclosed (shared) to any other agencies through Maine's HMIS. I understand that not disclosing my information to other agencies may affect the ability to quickly and appropriately identify services for me.

**When you sign this form, it shows that you understand the following:**

- You have the right to refuse to sign this authorization.
- **Agency will not** deny you help if you do not want us to disclose your personal information to other agencies. At the same time, disclosing your information does not guarantee that you will receive assistance from the recipient agency.
- If you permit us to disclose your information to other agencies:
  - This consent is valid for 1 year;
  - You have the right to review any information collected (including mental health information) upon request, prior to signing this authorization;
  - You may change your mind and cancel this authorization at any time. If Agency is a Health Insurance Portability and Accountability Act of 1996 (HIPAA) covered entity, see Agency’s HIPAA Notice of Privacy Practices on how to revoke this authorization. If you cancel this authorization, your information will no longer be disclosed from that date forward, except to the extent that your authorization has already been relied upon by Agency or others.
- Subsequent disclosures may be made under this same authorization.
- Your information may be disclosed by someone who receives the information and no longer protected.
- You have the right to receive a copy of this authorization.

\_\_\_\_\_  
SIGNATURE OF CLIENT OR AUTHORIZED REPRESENTATIVE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF AGENCY WITNESS

\_\_\_\_\_  
DATE

**Verbal Authorization obtained by phone (Agency Staff Signature):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Maine’s HMIS Notice of Privacy Practices**

This Agency (Name: \_\_\_\_\_) and other service providers, homeless agencies and social service agencies, including street outreach, shelters and housing programs, collect personal information about the people we serve in a computer system called Maine’s Homeless Management Information System (HMIS). *If Agency is a HIPAA covered entity, this HMIS Notice of Privacy Practices is a supplement to Agency’s HIPAA Notice of Privacy Practices, and you should also review Agency’s HIPAA Notice for additional information about how Agency protects the privacy and security of your protected health information.*

**Why do we collect this information?**

- So we know how many people we serve and the types of people we serve at our Agency and in the state.
- So we all understand what people need and can plan services to meet those needs.
- To satisfy U.S. Department of Housing and Urban Development requirements.

**Who can see information that is in Maine’s HMIS?**

- People who work for this Agency will use it to help provide services to you or your family.
- Other agencies like this Agency that provide services and have received permission from you to see your information. The agencies that participate in Maine’s HMIS may change from time to time. A copy of the current list of participating agencies is available upon request or on our website: [www.mainehmis.org](http://www.mainehmis.org).

- Auditors or funders who have legal rights to review the work of this Agency, such as the U.S. Department of Housing and Urban Development and other state or local government entities.
- Organizations that run, administer, and work, on the HMIS system. When these organizations work on the system, they may see information about you. They are required to protect your confidential information.
- The law says we have to report physical or sexual abuse of children and vulnerable adults. If we have cause to suspect that there is abuse or neglect in your household, we must report it to Child or Adult Protection.
- We may disclose your information to protect the health or safety of you or others as required by law.
- Others as required by law, including officials with a valid subpoena, warrant, or court order.

We will not disclose your information for any other use unless you permit us in writing.

### **How is your privacy protected?**

- All users of HMIS data must sign an agreement to protect your privacy and comply with state and federal laws and policies before seeing any information.
- The HMIS computer program used for this purpose has industry standard security safeguards and protocols and is updated regularly to meet these security requirements.

### **What are your rights?**

- **If you do not want your name, social security number, or date of birth entered in HMIS, tell the intake worker.** This Agency will **not** refuse to help you if you refuse to authorize Agency to share your information with other providers/agencies through HMIS. However, federal and state regulations may require limited data collection for funding purposes.
- You have the right to request a copy of Maine's HMIS information about you.
- You have the right to correct mistakes in HMIS information about you.
- If you think this Agency or Maine's HMIS violated your privacy rights, you have the right to complain or appeal. Ask a staff person for a complaint and appeal form. *If Agency is a HIPAA covered entity, see Agency's HIPAA Notice of Privacy Practices for information about how to file a HIPAA privacy complaint.*