

Client Informed Consent/Release of Information

By signing this form, I agree to share the following level of information with other HMIS partner agencies who use the Cambridge Homeless Management Information System (HMIS):

- I agree to share my primary identifying information and general client information with other HMIS partner agencies. Primary identifying information is: Name, Date of Birth, Social Security Number, and Gender. General client information is: Race, Ethnicity and Veteran Status.
- I do not agree to share any of my information with other HMIS partner agencies.

I UNDERSTAND THAT:

- My personal information will not be made public and will only be used with strict confidentiality.
- I can take away my consent at any time completing another form and indicating that I do not agree to share this information. However, the revocation will not be retroactive to any information that has already been released.
- Unless revoked, this consent form expires in three (3) years.
- This agency has posted a Privacy Notice and I may request a paper copy from this agency.
- I have read the information sheet, or someone read it to me. I had the chance to ask questions.

Dependent children under 18 in household, if any (first and last names):

Client Name (Printed)

Signature of Client (or
Parent/Guardian)

Date

Verbal Consent Only -- Name of Client (please print)		
Verbal Consent (complete only when participant consents but is unable/willing to sign): I certify under penalty of perjury that I verbally read this consent form to the participant and the participant consents to all of the statements therein.		
Printed Name and Title	Signature of Person Obtaining Consent	Date
x		