

Agency Name: \_\_\_\_\_  
Agency Address: \_\_\_\_\_  
Agency Phone: \_\_\_\_\_



**City of Philadelphia**  
**Office of Homeless Services**  
1401 JFK Boulevard, 10<sup>th</sup> Floor  
Philadelphia, PA 19102  
(215) 686-7175

## Philadelphia Homeless Management Information System Client Authorization to Share Confidential Information

The Office of Homeless Services (“OHS”) manages a database called the Philadelphia Homeless Management Information System (“HMIS”), which is used to collect information about clients accessing housing and homeless services throughout the City of Philadelphia. Organizations that receive homeless funding from the US Department of Housing and Urban Development (“HUD”) and other federal and state partners are required to collect and store basic information about the persons who receive their services. This information is used to determine client needs and provide supportive services, and is shared with other organizations that may be able to provide available housing and/or related services – such as homeless service providers, other social services organizations, housing providers, and healthcare providers (“HMIS Participating Agencies”).

This process is beneficial to improving your case management and received services, as well as assisting HMIS Participating Agencies to locate multiple housing or service options. Additionally, sharing information between HMIS Participating Agencies can reduce the number of times you are asked for repeated information. By consenting to share this information with participating agencies, you will allow HMIS to provide better coordination between HMIS Participating Agencies in an effort for you to obtain and maintain permanent housing.

Information collected in the HMIS database is protected in compliance with the standards set forth in the Health Insurance Portability and Accountability Act (HIPAA). Every person and agency that is authorized to read or enter information into the database has signed an agreement to maintain the security and confidentiality of your information. Any person or agency that is found to violate their agreement may have their access rights terminated and may be subject to further penalties including legal action.

### Section 1: General Information

By signing this form, you are giving the agency named at the top of this form (“this Agency”) permission to share your information with OHS via the HMIS. **Once your information is in the HMIS, it may be shared with other HMIS Participating Agencies and others for the purposes described in the HMIS Notice of Privacy Practices (“HMIS NPP”) without you signing another consent form (except specially protected information described in Section 2).** You have the right to request the HMIS NPP to review carefully and ask us if you have any questions pertaining to your consent.

This Agency may be providing services to you under a contract with the Department of Behavioral Health and Intellectual disAbility Services (“DBHIDS”). If so, DBHIDS may also collect information about you, may access your information, and may share your information with OHS/HMIS for the purposes described in the HMIS NPP.

If you are applying for housing or assistance that serves a specific population, you give permission for OHS to verify your eligibility by sending your name to, and receiving eligibility confirmation from, one (or more) of the following agencies: DBHIDS, the Department of Human Services (“DHS”), the Department of Public Health (“DPH”), and/or the U.S. Department of Veterans Affairs (“VA”).

#### How will my information be protected?

- HMIS information is protected under federal rules governing homeless management information systems (including the HUD HMIS Data and Technical Standards Notices and related guidance).
- HMIS uses technology such as password protection and data encryption to prevent unauthorized access to HMIS information.
- All HMIS Participating Agencies must sign a participation agreement that requires the organization and its authorized users to maintain the security and confidentiality of HMIS information.
- Your name, and other identifying information, will not be included in any publications prepared from HMIS information.
- The HMIS Privacy Plan and HMIS Security Plan describe in more detail the ways that HMIS information may be used and shared and the safeguards that are used to protect HMIS information. You may request a copy of these documents at any time from OHS or this Agency.

#### When will my consent to share this information end?

- This authorization to share your information will end seven (7) years after your last contact with this Agency, unless you cancel it earlier.
- You can cancel this authorization at any time by taking one of the following actions:
  - Contact this Agency (address and phone at the top of this form) if you would like us to stop disclosing new information about you to OHS/HMIS. This will not affect any information that has already been shared to OHS and is in HMIS.
  - Contact OHS (Attn: HMIS Client Consent, 215-686-7114 or PhilaHMIS@phila.gov) if you would like to limit re-disclosures of your information that is already in HMIS. At your request, OHS can restrict access to your file in HMIS so that it is not accessible to any HMIS Participating Agencies except OHS, DBHIDS, and any agency currently providing you housing or related services.

## Section 2: Special Categories of Information (check each box below to authorize)

We will only share information about your mental health or substance abuse treatment, or your HIV/AIDS status, if you specifically agree by marking the boxes below. Once this information has been shared, it cannot be shared again with additional parties without your written consent, unless allowed by law.

- Substance Abuse:** I agree that my substance abuse treatment information can be shared with OHS, DBHIDS, and the HMIS Participating Agencies, limited to: Presence in Services (dates of services, length of stay) and Nature of Project (type of services offered, purpose of services). I understand that my alcohol and/or drug treatment records are protected under federal law and regulations governing Confidentiality of Alcohol and Drug Abuse Patient records (42 U.S.C. 290dd-2; 42 C.F.R. Part 2) and the Pennsylvania Drug and Alcohol Abuse Control Act (71 P.S. § 1690.108; 4 Pa.Code § 255.5). I understand that stable housing is an important part of recovery, and that the workers assigned to my housing evaluation are assisting in my treatment. I would like my information to be shared with my past, present, and future treatment providers at the agencies listed above.
- Mental/Behavioral Health:** I agree that information about my behavioral health diagnosis and treatment can be shared with OHS, DBHIDS, and the HMIS Participating Agencies. I understand that my mental health treatment records are protected under the Pennsylvania Mental Health Procedures Act (50 P.S. §§ 7101 through 7503; 55 Pa. Code §§ 5100.1 et. seq).
- HIV Status or Treatment:** I agree that information about my HIV status or treatment can be shared with OHS, DBHIDS, and the HMIS Participating Agencies. I understand that my HIV-related information is protected under the Pennsylvania Confidentiality of HIV-Related Information Act (35 P.S. § 7607).

## Section 3: Acknowledgement and Signature

**I understand the nature of this authorization and freely give my consent. I understand that:**

- In an effort to make homelessness rare, brief and non-recurring and to better serve me and/or my family, the OHS, DBHIDS, and the HMIS Participating Agency identified at the top of this form will collect and may share my identifying information with other HMIS Participating Agencies via HMIS.
- The intention and purpose of collecting and sharing my information is to help HMIS Participating Agencies better understand and assist my/our needs, and to produce non-identifying, aggregate reports to the federal government that can be used to track the program performance of these agencies.
- The HMIS participating agencies have signed agreements and are bound to implement policies to maintain my information in a secure and confidential manner, as mandated by Federal and State laws.
- The release of my information does not guarantee that I will receive assistance. Alternatively, refusing to release my information will not affect my opportunity to receive assistance.
- This authorization will remain in effect for a period of up to 7 years or until I revoke it in writing. I may revoke authorization at any time by returning to any previously visited HMIS Participating Agency and signing a new consent form using the "I do not agree" option. If I revoke my authorization or this authorization expires, all information about me already in the database will remain to retain usage history; however, it will be inactive and not updated. I further understand that any revocation of this consent will not affect the waiver of confidentiality as to information already disclosed.
- If I decline to release my information, it will be hidden from all other HMIS participating agencies, except in the case of a referral. If I need to be referred to another agency for services, my information will be forwarded to only that agency, regardless of my recorded data sharing preference.

**Please choose an option:**

- I **agree** to allow sharing of my information via HMIS with HMIS participating agencies.
- I **agree** to allow sharing of my information via HMIS with HMIS participating agencies, but wish to limit sharing of certain data elements (complete and attach the Release of Information Supplement).
- I **do not agree** to allow sharing of my information via HMIS with HMIS Participating Agencies. I understand that if I need to be referred to another agency, only the data necessary to complete the referral will be forwarded.

**By signing this form, I authorize my information to be collected, stored in the HMIS, and shared as described above. I acknowledge that I have been offered a copy of the HMIS NPP and had an opportunity to ask questions about it.**

\_\_\_\_\_  
Printed Name of Client or Legal Representative      Relationship (if signed by Legal Representative)      DOB      Last 4 of SSN

\_\_\_\_\_  
**Signature of Client or Legal Representative**      **Date Signed**

\_\_\_\_\_  
Printed Name of Agency      Printed Name of Agency Staff

\_\_\_\_\_  
**Signature of Agency Staff (Witness)**      **Date Signed**

- Agency Staff: Check this box and sign above if the client or their legal representative refused to sign the form.

List Dependent(s) Name(s), if applicable

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

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

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



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(Note: If dependents are not presenting for services at the same time as the guardian, or the guardian wishes to record different individual consent responses, use a separate consent form for each dependent.)

*If you are applying for housing together with your children, or they are currently living in a project with you, please list your children on the below.*

## List of HMIS Participating Agencies

Additional agencies may join at any time and will have access to your information once they become HMIS Participating Agencies (except as noted in the next paragraph). A current list of HMIS Participating Agencies can be obtained from this Agency or OHS at any time.

Please note: Information shared by a substance abuse treatment provider that is subject to federal law and regulations governing Confidentiality of Alcohol and Drug Abuse Patient records (42 U.S.C. 290dd-2; 42 C.F.R. Part 2) will only be released to those HMIS Participating Agencies that are City agencies or contracted service providers, marked with an asterisk (\*) below. When a new agency joins HMIS, this information will not be released to the new agency until you sign an updated authorization listing the new agency.

US Department of Housing & Urban Development	US Department of Veteran Affairs
Department of Behavioral Health & Intellectual disAbility*	
1260 Housing Development Corporation*	Lutheran Settlement House*
AchieveAbility	Men & Women for Human Excellence, Inc.*
ActionWellness	Methodist Family Services of Philadelphia*
ACTS Christian Transitional Services*	Mt. Airy Bethesda, Inc.*
A.R.T. House*	My Place Germantown
Asociacion de Puertorriquenos en Marcha, Inc.*	North Philadelphia Health System*
Attic Youth	Northern Children's Services*
Bethesda Project*	Northwest Philadelphia Interfaith Hospitality Netw*
Broad Street Ministry	One Day at a Time*
Calcutta House*	PathWays PA, Inc.
Catholic Social Services*	Pathways to Housing PA*
CEHA Org	Pennsylvania Community Real Estate Corporation*
Citizens Acting Together Can Help, Inc.*	People's Emergency Center*
COMHAR	Philadelphia HMIS Intake
Congreso de Latinos Unidos, Inc.*	PhillyWorks
Covenant House Pennsylvania RHY	The Philadelphia Mental Health Care Corporation (PMHCC)*
Depaul USA*	Potters House Mission*
Dignity Housing*	Prevention Point Philadelphia*
Diversified Community Services*	Project HOME*
Divine Light, Inc.	Public Health Management Corporation*
Drueding Center*	Raise of Hope
Eddie's House	Resources for Human Development, Inc.*
Episcopal Community Services*	SELF, Inc.*
Families Forward Philadelphia*	Stop and Surrender*
Forget Me Knot Youth Services	Sunday Breakfast Rescue Mission
Fresh Start Foundation	Surge Recovery*
Friends Rehabilitation Program, Inc.*	The Doe Fund*
Gaudenzia Foundation, Inc.*	The Salvation Army*
Germantown Life Enrichment Center*	The Veterans Multi-Service Center*
Gibson Foundation	Urban Affairs Coalition*
HELP Philadelphia Development Corporation*	Utility Emergency Services Fund*
Horizon House, Inc.*	Valley Youth House - RHY*
Housing for Youth Coalition	Valley Youth House Committee, Inc.*
Impact Services Corporation	Volunteers of America Delaware Valley, Inc.*
Joy of Living	Whosoever Gospel Mission
Love And Care*	Youth Service, Inc.

**Available upon Client Request: HMIS Notice of Privacy Practices**