

PhilaHMIS Client Authorization

Release of Information Supplement Form

Please use this form to collect the information that a client wishes to share if the partial/ limited option is selected on the HMIS Client Authorization form. Place a check next to the information for which sharing is permitted and attach to the Client Authorization form.

Client Information (All)

Name

Alias

SSN

Client Transactions (All)

Pre-Enrollment Assessments

Project Enrollment Information

Project Assessments

Project Services

Client Demographics (All)

Date Of Birth

Ethnicity

Race

Gender

Disabling Condition

Veteran Status

Additional Client Information (All)

Place of Birth

Marital Status

Housing Status

Primary Language

Driver's License

Contact Information (All)

Address

Home Phone

Work Phone

Email Address