

**BROWARD COUNTY CONTINUUM OF CARE (CoC)
CLIENT ACKNOWLEDGEMENT FOR ELECTRONIC DATA COLLECTION
IN HOMELESS MANAGEMENT INFORMATION SYSTEMS (HMIS)**

Broward Behavioral Health Coalition (BBHC)

IMPORTANT: Do not enter personally identifying information into Homeless Management Information System (HMIS) for clients who are: 1) in Domestic Violence agencies or; 2) currently fleeing or in danger from a domestic violence, dating violence, sexual assault or stalking.

It is up to you whether you want to sign this form. The information you allow us to disclose could later be re-disclosed by the recipient and if that person or organization is not a health plan or health care provider, the information may no longer be protected by Federal privacy regulations. Your decision whether to complete this form will not affect your eligibility for benefits, treatment, payment, or enrollment in other services.

This agency is a partner in the Broward County FL-601 Continuum of Care (CoC) HMIS. Broward CoC HMIS partner agencies work together to provide services to persons and families who are experiencing homelessness. When you request or receive services, we may collect data about you and your household that may be shared with other Broward CoC HMIS partner agencies. Sharing your data allows service providers to see if they have housing services that fit your needs and for the purpose of ensuring effective coordination of services. It does not guarantee that you will receive housing.

Who can have access to your information?

Agencies and/or organizations that participate in the HMIS Database can have access to your data. These agencies and/or organizations may include homeless service funders/providers, housing providers, healthcare providers, and governmental agencies. Additional agencies and/or organizations may join the Broward CoC HMIS at any time and will also have access to your data. The current list of agencies and/or organizations are listed in the attached Exhibit – A.

How will my data be protected?

Your information is protected by the federal HMIS Privacy Standards, is secured by passwords and encryption technology and the HMIS application incorporates industry standard security protocols, and is updated regularly to meet these security standards. In addition, each participating organization has signed a Contributing HMIS Organization (CHO) agreement to maintain the security and confidentiality of the information. In some instances, when the participating organization is a health care organization, your information may be protected by the privacy standards of the Health Insurance Portability and Accountability Act (HIPAA).

How do I benefit by providing the requested information and sharing it with other agencies?

By sharing your information with other agencies, you may be able to avoid being screened again, get services faster, and minimize how many times you have to tell your “story.” You also help agencies document the need for services and funding.

Client Informed Consent/Authorization for Release of Information (ROI)

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

- We collect personal information about the people we serve in a computer system called ServicePoint (“SP”). SP is used by agencies which provide homeless prevention, shelter and housing related services in

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Broward County. Agencies using SP comply with all the requirements related to keeping your personal information private and secure.

- We use the personal information to run our programs and help us improve our services. Also, we are required to collect some personal information by organizations that fund our program.
- Your information will help us in getting the appropriate services for you through our program(s) offered by other agencies.
- You agree to share Protected Personal information and general information obtained during your intake and assessment, which may include but is not limited to: name, date of birth, social security number, demographic information such gender and ethnicity/race, veteran status, residence information (history of homelessness and housing), marital status, household relationships, disability status, self-reporting medical history including any medical health and substance abuse issues, assessment date(s), income sources and amounts, non-cash benefits, case notes, services needed and provided, outcomes of services provided, emergency contact information, and your photo.
- This consent form expires in three (3) years from the date of signature.
- You have the right to revoke this consent at any time by writing to this agency. However, the revocation will not be retroactive to any information that has already been released.
- You have a right to review the information that we have about you. If you find mistakes, you can ask us to correct them.
- You have the right to file a complaint if you feel that your privacy rights have been violated.
- This consent is voluntary. You will not be denied services if you refuse to sign this consent form.

If you would like a copy of our privacy policy, our agency staff will provide one.

Please sign below to show that you have read and understand the rules above.

SIGNATURE OF CLIENT OR GUARDIAN

DATE

PRINT NAME

DATE

SIGNATURE OF AGENCY WITNESS

DATE

PRINT NAME

DATE

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**Exhibit - A
Participating Agencies and/or Organizations**

- Archways, Inc.
- Broward Behavioral Health Coalition
- Broward County Department of Human Services
- Broward County Elderly and Veterans Division
- Broward County Family Success Division
- Broward County Housing Authority
- Broward County Community Development Corporation, Inc. d/b/a Broward Housing Solutions
- Broward House, Inc.
- Broward Partnership for the Homeless, Inc.
- Broward Regional Health Planning Council, Inc.
- Broward Sheriff's Office, Department of Community Services
- Catholic Charities of the Archdiocese of Miami, Inc.
- Chrysalis Health, Inc.
- City of Fort Lauderdale
- Covenant House Florida, Inc.
- First Call for Help of Broward, Inc.
- Henderson Behavioral Health, Inc.
- Hope South Florida, Inc.
- Keystone Halls, Inc.
- Lutheran Services Florida, Inc.
- Miami Rescue Mission, Inc. d/b/a Broward Outreach Center
- North Broward Hospital District d/b/a Broward Health
- South Broward Hospital District d/b/a Memorial Healthcare Systems
- TaskForce Fore Ending Homelessness, Inc.
- The Salvation Army
- United Way of Broward County, Inc.
- U.S. Department of Veterans Affairs
- Volunteers of America, Inc.

Client initials: _____ Date: _____