

This authorization is voluntary. The information you authorize us to disclose may be subject to re-disclosure by the recipient and if the person or organization authorized to receive the information is not a health plan or health care provider, the information may no longer be protected by Federal privacy regulations. We may not condition your receipt of treatment, payment, enrollment, or eligibility for benefits on completion of this authorization.

The Connecticut Homelessness Information System (CT HMIS) is a shared system. This means that authorized Connecticut homeless service Participating Agencies will enter your information into the CT HMIS database. These participating agencies will have access to the information that you agree to share. Sharing your data allows Connecticut homeless service providers the opportunity to see if they have housing services that fit your needs. It does not guarantee that you will receive housing.

Link for list of participating agencies: http://www.cthmis.com/files/file_detail/1910/ click on "Download File"

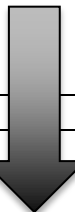
NAME (LAST, FIRST): _____ **DATE OF BIRTH:** _____

I hereby authorize the agencies listed below to disclose information to and exchange the indicated information for the purpose of ensuring effective coordination of services.

PLEASE CHOOSE ONE OPTION HERE:

I understand that with this shared system I have five options for my and my child's personal information.

- 1) _____ By initialing here, I agree to **ALLOW** all of my and my child's information to be shared with all
(initials) participating Agencies. **I agree to share General Personal Demographic, Housing and Sensitive Information – Medical History, Mental Health, Criminal Record, Substance Abuse History included**
- 2) _____ By initialing here, I indicate that I **ONLY** want to share my and my child's information with Columbus
(initials) House. **I agree to share General Personal Demographic, Housing and Sensitive Information – Medical History, Mental Health, Criminal Record, Substance Abuse History included**
- 3) _____ By initialing here, I want to **LIMIT** the information I share with other agencies (complete box below).
(initials)



I understand that this Agency may not deny me service if I do not give them permission to share my data with other agencies. I also understand that my and my child's presence and needs will not be known by any other Participating Agency in the service system and that this may delay or limit my ability to access housing and service opportunities from other Participating Agencies.

IF YOU CHOSE OPTION 3 ABOVE, PLEASE COMPLETE THIS SECTION.

I want to limit the information I share. Choose **ONE or BOTH** options below:

- A. _____ By initialing here, I indicate that I do **NOT** want to share my and my child's information with the following
(initials) agencies: **I agree to share General Personal Demographic, Housing and Sensitive Information – Medical History, Mental Health, Criminal Record, Substance Abuse History included**

(Please list or attach a list)

- B. _____ By initialing here, I indicate that I do **NOT** want to share any of my and my child's **sensitive*** information
(initials) with other agencies. **I agree to share General Personal Demographic and Housing Information ONLY.**

***Sensitive information includes information on medical health, mental health, substance use, and criminal record.**



CT-HMIS AUTHORIZATION FOR RELEASE OF INFORMATION

- I understand that my information may be used for research, evaluation and advocacy. This may include research projects that match my needs with other agencies or programs that may assist in getting me housing. I will always be protected by federal and state privacy laws. My personal identity will never be part of any research reports.
Staff of Columbus House, Inc. have explained my rights with regard to the CT HMIS Project to me and given me a written copy of the explanation.
I can ask to see a document which lists the persons who have updated my client record in the CT HMIS. If I have any concerns about how my personal data is being used or entered into the CT HMIS database I can contact Ryan DeLoach at 203-772-4200 x 2121.

I understand that if I need homeless assistance in the future, I will be asked to complete this consent form again. I will be able to make a different decision about sharing or not sharing my new data at that time.

NOTICE TO RECIPIENT OF INFORMATION

All or a portion of this information may have been disclosed to you from records protected by Federal and/or Connecticut state law which prohibits you from making any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by said law(s). A general authorization for the release of medical or other information is NOT sufficient for this purpose. In addition, Federal rules (42 C.F.R. Part 2) restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

I understand that this authorization will expire two years from the date I sign the authorization. I may revoke this authorization in writing at any time; however, any revocation will not be effective retroactively for information disclosures that have already occurred.

Client Signature: _____ Date: _____

Print Name

I do not want any identifying information entered into the data base. By checking this box in indicate that I want my information to be kept anonymous.

Client Signature: _____ Date: _____

Print Name _____

Note: If you are a legal guardian or representative, you must attach a copy of your legal authorization to represent the member and complete the following:

Signature of Guardian/Representative: _____

Print: _____ Date: _____

Legal Authority: _____

Staff: Check here if client refuses to sign. Data entry will be anonymous, in order to update in the future you will need to record the client ID on the paper file and retrieve the record in that manner.

Agency witness signature _____ Print Name _____ Date _____



CT-HMIS AUTHORIZATION FOR RELEASE OF INFORMATION

If you have any questions or need additional information regarding this form please contact CCEH at 860-721-7876 or on line cceh.org.

Agencies that Participate in CT HMIS as of 9/25/2013

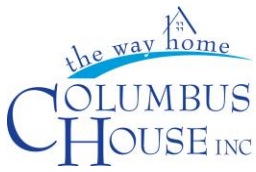
Area 1 - New London Area
Agency Name
Access Agency
Alliance for Living
Bethsaida Community Inc.
Covenant Shelter
Holy Family and Shelter
Mystic Area Shelter and Hospitality
New London Hospitality Center
Norwich Human Services
Perception Programs / Omega House
Reliance House
Sound Community Services
Southeastern Mental Health Authority
Thames River Family Program
Thames Valley Council for Community Action
The Connection
United Services
United Way
Windham Regional Community Council

Area 2- Danbury- Waterbury Area
Agency Name
AIDS Project Greater Danbury
Amos House
Association of Religious Communities (Dream Home)
Catholic Charities of Danbury
Center for Human Development
CCEH Rapid Re-Housing
Charlotte Hungerford Hospital
Chrysalis Center
Columbus House - FUSE
CREDO
Danbury City Shelter
Danbury Housing Authority
Dorothy Day Hospitality House
Family and Children's Aid
Greater Danbury Shelter + Care
Helping Hands
Housing Authority of the City of Danbury
Independence Northwest
MCCA
New Milford Homeless Shelter
New Opportunities Inc.
Non-Profit Development Group
NorthWest CT YMCA
Renewal House
Salvation Army Family Shelter
St. Vincent DePaul Mission of Waterbury
Torrington Chapter of FISH
Torrington Y Limited Partnership
Torrington-Western Housing Options
Town of New Milford
Western CT Mental Health Network

Please review most up-to-date list by clicking the "Download File" link at:

http://www.cthmis.com/files/file_detail/1910/

Revised 10/01/2014



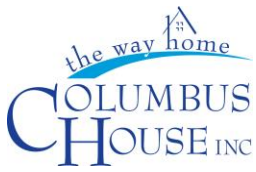
CT-HMIS AUTHORIZATION FOR RELEASE OF INFORMATION

Area 3- Greater Hartford Area
Agency Name
AIDS Connecticut (ACT)
Capital Region Mental Health Center
Chrysalis Center
Community Health Resources
Community Mental Health Affiliates
Community Renewal Team
Friendship Service Center
Hands on Hartford
House of Bread
Human Resources Agency of New Britain
Immaculate Conception
Inter Community Mental Health Group
Judah House
Manchester Supportive Housing
Mercy Housing and Shelter
My Sister's Place
Open Hearth Association
Salvation Army - New Britain
Salvation Army Marshall House
South Park Inn
St. Philip House
St. Vincent DePaul Mission of Bristol
Tabor House
Tri-Town Shelter Services
Western CT Association of Human Rights
YWCA of the Hartford Region
Zezzo House

Area 4 –Fairfield County Area
Agency Name
ABRI
Alpha Community Services
Bridgeport Rescue Mission
Casa Inc. - Noble House
Catholic Charities of Fairfield County
DMHAS
Family and Children's Agency
Hall-Brooke
Homes with Hope
Inspirica
Laurel House
Liberation Programs
Malta House, Inc.
Mid Fairfield AIDS Project
NEON
NEON-Norwalk
Open Door Shelter (Norwalk Emergency Shelter)
Operation Hope
Refocus Outreach Ministry
Regional Network of Programs
Shelter for the Homeless
SouthWestern CT Mental Health Authority
Supportive Housing Works
The Connection

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Area 5- Middlesex County Area
Agency Name
Area Congregations Together BHCare
Columbus House - Middlesex Community Health Center, Inc. Community Health Resources DMHAS/River Valley Services Mercy Housing and Shetler -Middlesex New Opportunities - Meriden Rushford Center St. Vincent DePaul Place of Middletown The Connection - Eddy Center Wallingford Emergency Shelter

Area 6–Greater New Haven Area
Agency Name
APT Foundation Beth El Center
Beulah Heights Christian Community Action Columbus House Community Services Network (CMHC) The Connection, Inc. Continuum of Care Coordinating Council for Children in Crisis Easter Seals Goodwill Industries Emergency Shelter Management Services Fellowship Place Gibbs Restoration House Leeway Liberty Community Services, Inc. MACC Shelter Marrakech Inc. New Haven Home Recovery Supportive Housing Works US Department of Veteran Affairs WAGE Youth Continuum

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