

EDEN, Inc HMIS Consent and Release

When you request or receive a rent subsidy from EDEN, Inc. information is collected about you and your household. This information is then entered into the Cleveland/Cuyahoga County Homeless Management Information System (CCHMIS), a.k.a. ServicePoint. The CCHMIS is used by over 40 local, social service agencies to coordinate service delivery.

What type of information is collected?

- Basic identifying information for you and each member of your household (may include name, SSN, date of birth, gender, race, ethnicity, household information, phone numbers, military veteran status, disability status)
- Income information (sources and amounts of household income, employment information, work skills)

What happens to the information collected?

- With your approval, information collected is shared with other service agencies participating in HMIS for the purpose of coordinating service delivery, identifying needs and tracking outcomes.
- CCHMIS aggregate data (non-identifying) may be used for community reports and shared with Federal, State, local agencies and other institutions for the purpose of research and analysis. Client information is only shared with authorized persons.

NOTE: CCHMIS uses many security protections to ensure confidentiality and only agencies that use CCHMIS can access this program. All partner agencies adhere to strict security policies to protect your privacy. HMIS software is highly secure.

Why should you agree to have your information shared with other agencies that use Cuyahoga County ServicePoint?

The benefits to sharing your information in HMIS are as follows;

- Reduce the number of visits to other agencies and forms completed;
- Identify other services or programs you may be eligible for;
- Better coordinate services for you and your household.

CLIENT INFORMED CONSENT/RELEASE OF INFORMATION AUTHORIZATION

You have the option to cancel access to personal information that you are providing about yourself and your minor children at any time. If you choose to cancel previous authorization, you must do so in writing. Please contact intake staff at the CoC Agency you're currently working with to formally rescind authorization. Please note that canceling authorization (rescinding authorization) will only impact future release of client information.

AUTHORIZATION OF CONSENT: *All Information may be shared with authorized personnel in participating and partner agencies relative to the Cleveland/Cuyahoga County: Your release of information authorization is valid for three (3) years.*

REFUSAL of CONSENT: *I understand that I am not required to sign this authorization and that if I do not want this information disclosed; my option is not to sign this authorization. Furthermore, I understand that services will not be withheld if I refuse consent.*

SIGNATURE of Client, Guardian or Head of Household DATE

PRINTED NAME

_____ SIGNATURE OF AGENCY WITNESS	_____ DATE
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ADDITIONAL HOUSEHOLD MEMBERS:

PRINTED NAME OF CLIENT Relationship to HOH

PRINTED NAME OF CLIENT Relationship to HOH

PRINTED NAME OF CLIENT Relationship to HOH

PRINTED NAME OF CLIENT Relationship to HOH

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