

# Client Release of Information

## Spokane HMIS

**IMPORTANT: Do not enter personally identifying information into HMIS for clients who are: 1) in DV agencies or; 2) currently fleeing or in danger from a domestic violence, dating violence, sexual assault or stalking situation. *If this applies to you, STOP- Do not sign this form.***

This agency participates in the Washington State Homeless Management Information System (HMIS) by collecting information, over time, about the characteristics and service needs of men, women, and children experiencing homelessness.

To provide the most effective services in moving people from homelessness to permanent housing, we need an accurate count of all people experiencing homelessness in Washington State. In order to make sure that clients are not counted twice if services are received by more than one agency, we need to collect some personal information. Specifically, we need: **name, birth date, race, and last permanent address**. You may also choose to provide your social security number, but signing this form does not require you to do so. Lastly, you may be asked questions on topics like: income sources, veteran status, education, and disabilities. This information is used to improve the quality of service you, and others like you, receive. You have the **right** to refuse to provide this information. Your information will be stored in our database for 7 years.

- We will guard this information with strict security policies to protect your privacy. Our computer system is highly secure and uses up-to-date protection features such as data encryption, passwords, and identity checks required for each system user. There is a small risk of a security breach, and someone might obtain and use your information inappropriately. If you ever suspect the data in HMIS has been misused, immediately contact City of Spokane, Human Services Department, at 509.625.6130.
- The data you provide will be combined with data from the Department of Social and Health Services (DSHS) for the purpose of further analysis. Your name and other identifying information will not be included in any reports or publications. Only a limited few staff members in the research division who have signed confidentiality agreements will be able to see this information.
- Your decision to participate in the HMIS will not affect the quality or quantity of services you are eligible to receive from this agency, and will not be used to deny outreach, shelter or housing. However, if you do choose to participate, services in the region may improve if we have accurate information about homeless individuals and the services they need.
- You may request a comprehensive list of agencies that have access to your information via written or verbal request to the agency that collected your information.

**I consent to the inclusion of personal information in HMIS about me and any dependents listed below and authorize information collected to be shared with partner agencies. I understand that my personal information will not be made public and will only be used with strict confidentiality. I also understand that I may withdraw my consent at any time.**

Dependent children under 18 in household, if any (first and last names):

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\_\_\_\_\_  
CLIENT SIGNATURE (PARENT/GUARDIAN)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CLIENT NAME

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
STAFF NAME

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**I do not consent to my information being shared with outside agencies. I recognize that my information will still be viewable by the HMIS Coordinator at the City of Spokane.**

\_\_\_\_\_  
CLIENT NAME

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
STAFF NAME