

**Hampton Roads HMIS**  
**Client Consent Form**  
**Authorization for Release of Information**

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Agency Name \_\_\_\_\_ Program Name \_\_\_\_\_

Client Name \_\_\_\_\_

Dependent children, if any (first and last names and date of birth)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I know that this agency is part of the Hampton Roads HMIS (Homeless Management Information System.) The HMIS is a system that uses computers to collect information about homelessness in order to help pay for services to people who are homeless.

**With this written consent**, HMIS Participating Agencies may share, see and update basic information about me and my children including name, social security number, gender, and birth date. No restricted information about my health, medical needs, mental health or domestic violence can be shared unless I sign a separate agreement. A current list of HMIS Participating Agencies is available on The Planning Council website at [www.theplanningcouncil.org](http://www.theplanningcouncil.org).

Other agency staff members who have signed the HMIS confidentiality agreement will be allowed to see, enter or use information kept in the HMIS. This agency will never give information about a person to anyone outside this system without the person's written consent, or as required by law through a court order.

Information in this system may not be used to deny outreach, shelter or housing. My decision to sign or not sign this consent document will not be used to deny outreach, shelter or housing services. I may revoke my consent at any time, in writing, and no **new** information will be shared. This consent will end three years from today.

I have a right to see my HMIS record, ask for changes, and to have a copy of my record from this agency upon written request.

I authorize this agency to share my basic information with other agencies on the Hampton Roads HMIS.

I do not authorize this agency to share my basic information with other agencies on the Hampton Roads HMIS.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Witness

\_\_\_\_\_  
Date