

II. CLIENT INFORMED CONSENT AND RELEASE OF INFORMATION

**Institute for Community Alliances
Alaska Homeless Management Information System (AKHMIS)**

CLIENT INFORMED CONSENT AND RELEASE OF INFORMATION
Please read the following notice and authorization before signing

This Agency, _____, participates in the Alaska Homeless Management Information System (AKHMIS) network and outreach activities needed to help people receive a referral to the community homeless resources. Agencies that participate in AKHMIS belong to an internet-based network. This network is administered by the Institute for Community Alliances.

Benefits to Data Sharing for the Consumer	
Reduces duplicate intakes	Faster access to the services available through the community Coordinated Entry System, resulting in receiving services more quickly
Reduces the amount of time spent answering basic questions regarding your situation	Allows agencies to focus on meeting your unique service needs
Reduces the amount of times you have to tell your story to service providers	Multiple Services can be easily coordinated and streamlined

~ Alaska ServicePoint ensures the security of its system. See below for information on security measures. ~

Your identity and information collected in Alaska Homeless Management Information System will be shared, with your written consent, in the network, Alaska ServicePoint™, and/or in a coordinated entry meeting, including your demographic information and other essential personal information needed to best determine your service needs.

The computer program used for this purpose has industry standard security protocols, and is updated regularly to meet these security requirements. The information you provide will only be shared with the network and limited staff of the Institute for Community Alliances. No personally identifying information will be shared by our network with any Department in the State of Alaska or the Federal Government. Information collected is housed in a secure server located at Bowman Internet Systems in Shreveport, Louisiana. Limited Bowman Systems staff have access to this server and the data, and only for the purposes of network support and maintenance. Data collected for the network will be maintained for at least seven years from the last date of service.

The list of agencies participating in the network can be accessed at www.icalliances.org or by calling (907) 249-6648. You may also request the current list of agencies from your social service provider. Note that the list may change over time.

Please note that if you grant permission for your information to be shared, that agreement will be in effect until you revoke it in writing or by the expiration date established by the agency referenced above. You may end your agreement at any of the coordinating network agencies and your personal and service information will no longer be shared from that date going forward.

Maintaining the privacy and safety of those using our services is very important. Your record in AKHMIS will only be shared if you give permission. ***You cannot be denied services that you would otherwise qualify for if you choose not to share information. However, even if you choose not to share your information with other agencies, federal and state regulations may require limited data collection for funding purposes.***

**Institute for Community Alliances
Alaska Homeless Management Information System (AKHMIS)
Client Informed Consent and Release of Information**

Type of Information to be shared:

- Personal Identifying Information: Name (First, Middle and Last), Social Security Number, Date of Birth, Ethnicity, Gender, Last Residence Information, Military Status
- Housing/Program Specific: Entry/Exits from programs or housing, Agency Assessments, Services, Case Notes, Referrals
- Information about income, Non-cash Benefits,
- Information about Disability and Domestic Violence history or concerns
- Substance abuse information included as part of any of the above information types.
- Vulnerability Assessment data (VI-SPDAT or other)

I understand that I have the right to receive a copy of any such information disclosed.

___Yes ___ No

Do you have a Guardian appointed by the State of Alaska or the Courts? ___Yes___

If yes, Guardian Name:_____ Contact:_____

Sharing permission:

Please indicate your choice regarding data sharing

Option 1:

- _____ By initialing here, I agree to share the above specified historical and current information to better coordinate services with all participating agencies.

Verbal Consent

Option 2:

- _____ By initialing here, I agree I do not want to share my and my child/children's above specified information in AKHMIS.

Verbal Consent

I understand that signing below relates only to data sharing within the Alaska Homeless Management Information System or in a coordinated entry meeting, and does not guarantee I will receive assistance. Alternatively, I understand that I will NOT be denied services if I refuse to consent to data sharing. I also understand that I may revoke my consent at any time without fear of loss of benefits or services and that if I revoke consent it will not apply to any information disclosed prior to my written revocation.

Client Signature: _____ **Date:** _____

Print Name: _____

Witness Signature: _____ **Date:** _____

Print Name: _____

Verbal Consent obtained by phone (Agency Staff Initials): _____ **Date:** _____

Signature of Legal Guardian (if applicable): _____ **Date:** _____