

# Statewide Alaska Homeless Management Information System (AKHMIS) Client Informed Consent and Release of Information

## Purpose of This Form:

Your long-term housing, health, and wellness are important. This form allows for your information to be shared in a statewide database referred to as the Alaska Homeless Management Information System (AKHMIS). The purpose of sharing this information is to assist participating agencies in delivering needed services. By agreeing to share your information, it will also help State and Federal agencies have a better understanding of the needs in Alaska. The basic information you will be sharing is listed below.

A central aspect of this Release of Information form is the principle of “minimum necessary” use and disclosure. When the minimum necessary standard applies to a use and disclosure, an agency will only request relevant personally identifiable information to satisfy a particular purpose or carry out a function. A participating agency requesting this information must have and implement policies and procedures to reasonably limit uses and disclosures of your information

## If you choose to share your information, the Following Information, Both Current and Historical, can Be Shared:

- Basic demographic and personal information, including your photo;
- Level of vulnerability and / or disabilities;
- History of housing and homelessness, and services provided to you;
- Use of crisis or emergency services;
- Agency notes, including incidents and program bans; and
- Agency assessments, including benefits and income you receive

AKHMIS operates under a strict Privacy Policy detailing the confidentiality of the information within the system and how it can be used. Information about AKHMIS can be found at: <https://www.icalliances.org/alaska-documents>

Also:

- Only aggregate (non-identifying) data will be used in public reports;
- If you have concerns about your privacy rights or confidentiality of your information in AKHMIS, you can contact the Agency where you received services;
- If you have concerns about how the Agency serving you is using your information, you can visit the website above;
- The list of Partner Agencies will change over time and this list can be found at the website above;
- This consent form will expire five (5) years from the date of signature;
- you will not lose benefits or be denied services if you do not want to share your information; and
- you can choose to opt out of sharing your information at any time by completing and signing the opt-out section on this form at a participating agency or by contacting the website above for further instructions. Any information shared up until that time will remain shared in AKHMIS.

A case manager, from any partner agency, can answer any clarifying questions you may have and provide you with a copy of this form and / or the AKHMIS Privacy Policy.

## By Signing This Form, I Agree that:

My collected information, as described above, will be shared to help me access housing, provide supportive services that best fit my needs, and help evaluate the quality of services and programs around the State. My consent allows any Partner Agency with direct access to AKHMIS to add or update my information in the system without asking me to sign another consent form.

Client or Guardian Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Print Name (Client or Guardian): \_\_\_\_\_

Client Date of Birth: \_\_\_\_\_ Client AKHMIS ID #: \_\_\_\_\_



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I agree to have this form cover any minors of which I am the parent / legal guardian (provide children names and dates of birth)

_____	_____
_____	_____
_____	_____
_____	_____

Witness Printed Name and Signature: \_\_\_\_\_

Witness Partner Agency: \_\_\_\_\_

Date: \_\_\_\_\_

**Client Opted Out of Data Sharing (Refused or Revoked Consent)**

Client or Guardian Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Print Name (Client or Guardian): \_\_\_\_\_

Client Date of Birth: \_\_\_\_\_ Client AKHMIS ID #: \_\_\_\_\_

Staff Name: \_\_\_\_\_

Staff Agency Name: \_\_\_\_\_

**\* For Clients Working with Agencies Remotely ONLY\***

Verbal Consent if Obtained by Phone, Agency Name: \_\_\_\_\_

Staff Printed Name: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

Date Consent is Obtained: \_\_\_\_\_

