Client Consent for Data Sharing

Client (Head of Household) Name: ____________________________________________

ServicePoint ID #: __________________Agency Name: ____________________________

This Agency is a participating partner in the Lane County Continuum of Care (CoC) which is a group of Social Service Providers who are coordinating their efforts to address poverty and reduce homelessness in Lane County. The CoC uses ServicePoint as a management information system. This system is designed to support this collaborative approach to providing services.

A representative of this agency is going to ask you for information about you and your household dependents. The information you provide will be shared with your consent or in certain circumstances that are described in this document.

The purpose of this form is to allow you to decide how the information you provide to this Agency can be shared with the Continuum of Care. You may decline to allow this Agency to share your information. If you decline, the ability of this Agency and the Continuum of Care to provide supportive services including housing may be reduced, but this Agency will still provide emergency services to you or refer you to an Agency that provides these services.

PART 1: BRIEF ANSWERS TO QUESTIONS YOU MAY HAVE

What are the Reasons for Sharing Information about Me?

- Help service providers offer suitable supportive services, including housing, to you.
- Assist the Continuum of Care in Lane County in documenting the need for services to low income and/or homeless households in our community and the ability to obtain funding for housing and supportive services.

How is My Data Protected?

- All Participating Providers in ServicePoint are required to comply with the C/HMIS Notice to Clients of Uses and Disclosures, Lane County HMIS Policies and Procedures, and their Agency Participation Agreement.
- ServicePoint Users must sign an agreement to protect your privacy and comply with state and federal laws and policies before seeing any information.
- Mediware, the ServicePoint vendor, incorporates industry standard security requirements and is updated to stay current of these security requirements.

What are My Rights?

- You can obtain an electronic version or paper copy of your information that has been entered by this Agency into ServicePoint upon your request to this agency.
- You can request corrections or amendments to your ServicePoint information.
- You can sign a new copy of this Client Consent for Data Sharing to change the extent to which information is shared by changing your answers in Part II (next page).

Are There Circumstances in which My Information Might Be Disclosed Without My Consent?

- Yes. The law says we must report suspected abuse or neglect of children and vulnerable adults. We may also release your information for health and safety for you and your dependent as required by law or an official with a valid subpoena, warrant or court order.
PART II - YOUR CONSENT WITHIN THE LANE COUNTY CONTINUUM OF CARE

**Share my information** with the Participating Continuum of Care Agencies who are working together to provide services in Lane County.

☐ YES  ☐ NO: If you select **NO** to sharing, you will still be eligible for Emergency Services at this Agency or we will refer you to an agency that provides Emergency Services. The ability of this Agency and the CoC to provide supportive services, including housing, may be reduced.

**Does the above response apply to all dependents** in your household?

☐ YES  ☐ NO

**List of Dependents Names and Dates of Birth**

1. ______________________________  2. ______________________________

3. ______________________________  4. ______________________________

5. ______________________________  6. ______________________________

**Are you a veteran?**

☐ YES  ☐ NO

If **YES**, Participating in Supportive Services for Veteran Families (SSVF) Rapid Rehousing and Homeless Prevention projects necessitates the sharing of enrollment information. Veterans who are connected with SSVF will need to share their information. Veterans who are homeless and wish to receive housing assistance will need to agree to share information in order to be referred to housing from the Veteran By Name List.

♂ Signature of Veteran ☒ Date

**When you sign this form**, it shows that you

☐ Read this Client Consent form or heard an explanation of its contents

☐ Had an opportunity to review the list of Participating Agencies ([www.lanecounty.org/HMIS](http://www.lanecounty.org/HMIS))

☐ Acknowledged that other Agencies in the CoC that provide services to you may update your information

☐ Understand that this consent doesn’t expire unless you withdraw your consent to share by signing a new Copy of this form. Information already shared cannot be taken back or revoked.

☐ Understand that Agencies may record significant incidents in which you are involved in their programs and that these incidents will be shared with the Participating Agencies in the Continuum of Care.

☐ Understand that if you are a veteran and eligible for VA benefits and services, your information will need to be shared.

♂ Signature Head of Household ☒ Date

♂ Intake Worker/Agency Staff Signature ☒ Date

For more information, ask to see a copy of the C/HMIS Notice to Clients of Uses and Disclosures