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CNYHMIS Client Consent Form

Client Name: _____ Date of Birth: _____

Agency: _____ Program: _____

I know that this agency is part of the CNY HMIS (Homeless Management information System). The CNY HMIS is a system that uses computers to collect information about homelessness in order to help plan and pay for services to people who are homeless or requiring services to prevent homelessness. The CNY HMIS is administered by the Housing and Homeless Coalition of Central New York (HHCCNY).

With this written consent, CNY HMIS agencies that offer me services may see, and update basic information about me and/or my children including name, gender, race, ethnicity, birth date, veteran status, proof of homelessness, income, insurance, disabilities (including HIV/AIDS status) and service transactions related to housing, food, and material goods.

The Agency shall only release client records to non-partner agencies with proper written consent by the client unless otherwise permitted by relevant laws or regulations. Any research performed with this data is completely de-identified. No personally identifying information will ever be revealed in research or public reporting from HMIS data.

Decisions to deny outreach, shelter, or housing will not be based solely on information in this system. My decision to sign or not sign this consent document will not be used to deny outreach, shelter, or housing services.

I may withdraw the consent except for information that has already been given out or actions already taken, by informing the agency in writing that I want to withdraw my consent. This consent will end one year from the date signed.

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

CNY HMIS Participating Agencies: ACR Health, Altamont (GPD Program), Catholic Charities, Cayuga Community Health Network, Cayuga County DSS, Center for Community Alternatives, Community Action Programs Cayuga/Seneca, Circare, City of Syracuse, Chadwick Residence, Chapel House Inc., Contact Community Services, Dept of Veteran Affairs, E. John Gavras Center, Helio Health, Hiscock Legal Aid, Housing & Homeless Coalition of CNY (HHC CNY), Housing Visions, In My Father's Kitchen, Interfaith Works, Legal Aid Society of Mid-York, Liberty Resources, Monroe Plan for Medical Care, County DSS, Nescientia Health, Onondaga County Division of Mental Health for Children, Families, and Individuals, Onondaga County Department of Health, Onondaga County Justice Center/Jamesville Correctional Facility, Oswego County Opportunities, Oswego County DSS, Rescue Mission, Soldier On, St Joseph's Care Coordination Network, The Salvation Army, Samaritan Center, Syracuse Housing Authority, Syracuse/Onondaga County Youth Bureau, Suny Upstate Medical University, A Tiny Home for Good, Victory Transformations Shelter, Volunteer Lawyers Project of Onondaga County, Inc., YMCA of Central NY, YWCA, and The New York State Office of Temporary and Disability Assistance (OTDA).

Dates of release ____/____/____ to ____/____/____
(Date of first service) (One year from date of first service)

Client Signature _____ Date _____

Agency Witness _____ Date _____

Only check if you are rescinding authorization to release information in HMIS.

- I rescind my authorization to the CNY HMIS. I do not want any future information to be shared with other agencies in the HMIS

Client Signature _____ Date _____



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Consent on behalf of household members – An adult head of household may provide consent on behalf of children in the household under the age of 18 to share their information in the HMIS. All other adults in the household must sign their own release form.