



CNYHMIS Verbal Consent Form

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Client Name: _____ Date of Birth: _____

Agency: _____ Program: _____

Read the following aloud:

“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). A list of participating agencies is available upon request.

With this written consent, CNY HMIS agencies that offer you services may see basic information about you and/or your 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 will only release your records to non-partner agencies with proper written consent from you 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. Your decision to agree to share your information will not be used to deny outreach, shelter, or housing services.

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

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

Do you consent to sharing information about your services at this agency between

_____/_____/_____ and _____/_____/_____ with the CNY HMIS?
(Date of first service) (One year from date of first service)

Do you consent to sharing detailed information about your homeless history, medical conditions that relate to housing?

CNY HMIS Participating Agencies:

The Advocacy Center, Catholic Charities of Tompkins-Tioga, Cayuga Addiction Recovery Services (CARS), Family and Children’s Service of Ithaca, Homes and Community Renewal, Human Services Coalition of Tompkins County, Ithaca Housing Authority, Lakeview Health Services, The Learning Web, Opportunities, Alternatives, and Resources (OAR), REACH Medical, The Salvation Army, Second Wind Cottages, Southern Tier AIDS Program (STAP), Soldier On, St. John’s Community Services, Tompkins Community Action, Tompkins County DSS- Special Services Unit, Tompkins County Mental Health Department- Re-entry Program, the United States Department of Veterans Affairs, Village at Ithaca, Volunteers of America Upstate NY (VOA), and The New York State Office of Temporary and Disability Assistance (OTDA).

Client consented To HMIS release: Yes No

Agency Witness _____ Print Name _____ Sign Name _____ Date _____

Consent on behalf of household members – An adult head of household may provide consent on behalf of their family members to share their information in the HMIS for the above program.

