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### Client Audit Form

This form is used to request information about who has viewed your information in HMIS. You need to provide us with either your date of birth and/or social security number so that we can identify the correct record in the computer system.

**Client Name\*** \_\_\_\_\_

**Date of Birth\*** \_\_\_/\_\_\_/\_\_\_ **AND/OR Social Security Number\*** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Client identification was verified by the following source:

- Identification card; license, permit, non-drivers ID, Sherriff's ID, school ID, etc.
- Birth certificate
- Agency staff verification of identity
- Other records, school records, medical records, etc.
- HMIS record, which must include a picture.

Reason for request \_\_\_\_\_

**Dates requested\*** \_\_\_\_\_ to \_\_\_\_\_

**Information requested\*:**

- Client record
- User View/Edit Record (A sample report is attached to this document)

Notes \_\_\_\_\_

Contact information: Email \_\_\_\_\_

Mailing Address \_\_\_\_\_

E-mail this form to [hmis@hhccny.org](mailto:hmis@hhccny.org)

Or mail it to Housing and Homeless Coalition, 580 South Salina St., Syracuse, NY 13202

HHC use only: HHC Staff Person receiving request \_\_\_\_\_

Date forms mailed \_\_\_\_\_ Time taken to complete \_\_\_\_\_



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### Sample User View/Edit Report

Users viewing records for client 12345 Baggins, Frodo from 1/1/1990 to 1/31/1990

User	Agency	Dates Viewed
Gamgee, Samwise	Shire Food Pantry	1/1/1990-1/8/1990
Brandybuck, Merry	Shire Supportive housing	1/15/1990-1/31/1990
Took, Peregrine	Brandywine Emergency Shelter	1/1/1990-1/31/1990

Users editing records for client 12345 Baggins, Frodo from 1/1/1990 to 1/31/1990

User	Agency	Records Created	Date records created
Grey, Gandalf	Middle Earth Housing Coalition	Intake form, Case notes	1/30/1990
Man, Saru	Brandywine Emergency Shelter	Shelter Stays	1/1/1990