



Visibility Request Form

This form is used to adjust visibility settings within a client record to ensure a higher level of protection of current and historical data for safety concerns expressed by the client and/or agency staff.

Please check the following reason for the request (you may choose more than 1): \*

- Current/active order of protection against another person.
Domestic violence, dating violence, sexual assault, stalking, sex trafficking, or labor trafficking.
Have a family member, friend or ex-partner working at another HMIS Agency.

Name of employee & Agency: \_\_\_\_\_

- Other reason (please describe): \_\_\_\_\_

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.

Request is for the following:

- Complete lockdown of client record, including the history of data and PII.
Lockdown of client record to an individual agency:
o Please list the agency: \_\_\_\_\_
Rescinding of all CNYHMIS ROIs that are active in the system by multiple providers.
Other (please explain): \_\_\_\_\_

Client Signature \_\_\_\_\_

Date \_\_\_\_\_

Agency Witness \_\_\_\_\_

Date \_\_\_\_\_

Date Review needed (please select one) \_\_ 30 days \_\_ 60 days \_\_ 90 days \_\_ 180 days \_\_ 1 year

E-mail this form to hmis@hhccny.org

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

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

Date received: \_\_\_\_\_ Date completed: \_\_\_\_\_ Review Date: \_\_\_\_\_