INFORMED CONSENT AND RELEASE OF INFORMATION

PINELLAS HMIS POLICIES & PROCEDURES
INFORMED CONSENT AND RELEASE OF INFORMATION

Pinellas HMIS requires a client's signature on the Pinellas HMIS Informed Consent and Release of Information or provide verbal consent prior to their information being entered into Pinellas HMIS. Informed consent must be based upon a clear appreciation and understanding of the facts, implications, and consequences of maintaining an individual's information within Pinellas HMIS. This includes the sharing of this information with other Member Agencies, to include but not limited to the Pinellas CoC and Homeless Leadership Alliance of Pinellas (HLA). To give informed consent, the individual concerned must have adequate reasoning.

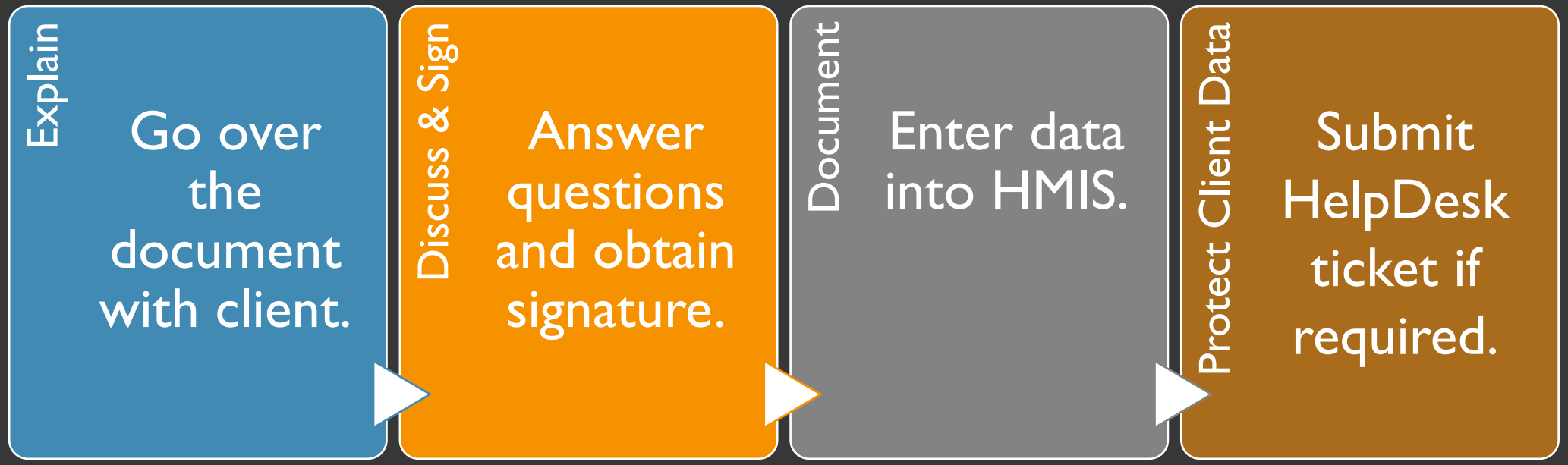
The individual has the right to not share certain data elements with other Member Agencies and this preference would be indicated on the Pinellas HMIS Informed Consent and Release of Information. The signed form would then be submitted by the Member Agency obtaining the release to Pinellas HMIS through the Pinellas HMIS Help Desk ticketing. Once Pinellas HMIS receives the form with sharing restrictions indicated, the visibility of the client's data is updated according to the individual's permissions.

Should there be person-to-person contact that is non-Street Outreach related, i.e., intake, case management, service setting, the original signed Pinellas HMIS Informed Consent and Release of Information should be kept by the Pinellas HMIS Member Agency and protected from theft or loss. The form must be completed by each member of the household receiving services who is over the age of 18. The head of household (HOH) may sign for any children or members of the household under the age of 18 on the same form. Once the signed Pinellas HMIS Informed Consent and Release of Information is obtained, it must be recorded in Pinellas HMIS and is valid until the client revokes or chooses to change their consent or after the expiration of three years.

Client procedures from each Member Agency, including the Pinellas HMIS Informed Consent and Release of Information, must be on file at each agency.

Policy 2-5: Client Consent for Electronic Data Sharing

The Pinellas HMIS Informed Consent and Release of Information form informs the client that your agency participates in the Pinellas Homeless Management information system (Pinellas HMIS).
Also, that participating agencies collect data and share information with each other through a shared database to best serve clients.



EXPLAIN

- The Pinellas HMIS Informed Consent and Release of Information form states that the client's information is only shared with their consent until they revoke this consent in writing or upon expiration.
- Clients must give Informed Consent or Release of Information (ROI) prior to having their data entered into the Pinellas HMIS. They must also authorize the sharing of their data and may specify with whom it may be shared via the ROI. They may decide not to share their data, and they may not be denied Member Agency services for lack of participation.
- The client will indicate that they agree to share all, some, or none of their information with the selected agencies.
- Let your clients know that by sharing consent to release of information across the Pinellas Continuum of Care (CoC) helps providers work as a team to serve clients and best meet their needs.
- If the client decides they do not want to share their information with select agencies or organizations, we must respect their decision.
- Written consent shall be recorded in HMIS and is valid for three (3) years. A verbal consent shall be recorded in HMIS and is valid for one (1) year.

EXPLAIN

The Verbal explanation must contain the following information:

1. What the CoC uses Pinellas HMIS for:

- Understanding Member Agency's clients' needs;
- Assisting in planning for appropriate resources to better serve consumers; and
- Informs public policy to end homelessness.

2. The Pinellas HMIS is a computer-based information system that Member Agencies across the county use to capture information about the persons they serve.

- Client information is transferred in an encrypted format to the Pinellas HMIS database.
- Clients have the right to not answer any question, **unless entry into a Member Agency program requires it.**
- Clients have the right to know who has added to, deleted, or edited their Pinellas HMIS electronic client record.

3. Only Member Agency staff who work directly with clients and/or have administrative responsibilities can look at, enter, or edit client records.

4. Benefits for clients:

- Allows case manager to tell the client what services are offered on site or by referral through the assessment process
- Assists the case manager and client in obtaining other resources that will help them find and keep permanent housing

VERBAL CONSENT

Data is also collected and shared when verbal consent is obtained—specifically in the case of the Diversion Teams, the Street Outreach and 211 Homeless Helpline. In the event of a declared emergency, verbal consents can be obtained from clients for all partner agencies with the approval of the Continuum of Care (CoC). The most current Privacy Notice can be found on the Pinellas HMIS Help Desk.

The use of **verbal consent** by the client is currently only allowable by approved HMIS projects and notated on the current Privacy Notice. A verbal consent shall be recorded in HMIS and is **valid for one (1) year**.

Verbal Client Consent to Share Data

- Each Client whose record is being shared electronically with another Member Agency must agree via verbal consent to have their data shared. A client must be informed what information is being shared and with whom it is being shared. A client must also be informed of the expiration date of the consent.
- If the client chooses to have restrictions with a verbal consent, the form will need to be completed and collected and submitted to the HMIS HelpDesk.

The Homeless Management Information System, known as HMIS, is our electronic database used to record and analyze client, service, and housing data for individuals and families who are homeless or at risk of homelessness.

HMIS is used to:

· Understand clients' needs.

· Help plan to have appropriate resources.

· Inform public policy in an attempt to end homelessness.

Only staff who work directly with you or who have administrative responsibilities can look at, enter, or edit your records. Data may be shared without your consent in instances of serious threats to health or safety if it is believed that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of an individual or the public.

Do you understand and agree to continue?

VERBAL CONSENT LANGUAGE

DISCUSS & OBTAIN SIGNATURE

- Take time to be sure the client understands the form.
- Go over any language that may be confusing and take extra care with clients who may need translation.
- Answer any questions the client may have regarding the information that is shared and how HMIS is used to serve their needs.
- Have the client sign and date.

REVIEW THE CHOICES FOR DATA SHARING

1) SHARE ALL INFORMATION

2) SHARE ALL EXCEPT

3) DO NOT SHARE

4) RESTRICTED SHARE

Type of Information to be Collected and Shared:

1. Personal identifying information such as Name, Social Security Number, Date of Birth, Race, Ethnicity, Gender, Veteran Status
2. Program Information such as Program Enrollments, Assessment Information, Services, Referrals

Please indicate your choice for data sharing by checking the box *(list of Member Agencies on Page 2)*:

1) ☐ I agree to share my information, and my children's information, with all participating agencies in Pinellas HMIS.

2) ☐ I agree to share my information, and my children's information, with all participating agencies in Pinellas HMIS except for:

- ☐ Program Enrollments
- ☐ Assessments
- ☐ Services
- ☐ Referrals

3) ☐ I do not want to share my information, and my children's information, with other participating Agencies in

Additionally, you may restrict access to your information by specific HMIS participating agencies. Please check the box by the HMIS Agencies that you do not want to be able to view your information.

4)

List of Member Agencies

- ☐ 211 Tampa Bay Cares, Inc
- ☐ Alpha House of Pinellas County
- ☐ Boley Centers
- ☐ Brookwood Florida-Central, Inc.
- ☐ Catholic Charities Dioceses of St. Petersburg
- ☐ City of Largo
- ☐ City of St. Petersburg Dept. of Housing & Community Development
- ☐ Clearwater Police Department
- ☐ Daystar Life Center St. Petersburg
- ☐ Directions for Living
- ☐ Empath Partners in Care (EPIC), Inc.
- ☐ Family Promise of Pinellas County
- ☐ Family Resources
- ☐ Florida Department of Health
- ☐ Florida Dream Center
- ☐ Golden Generations, Inc.
- ☐ Gulf Coast Jewish Family and Community Services
- ☐ Homeless Empowerment Program (HEP)
- ☐ Homeless Leadership Alliance of Pinellas, Inc.
- ☐ Hope Villages of America
- ☐ Operation PAR
- ☐ Metropolitan Ministries
- ☐ Personal Enrichment through Mental Health Services
- ☐ Pinellas County Human Services
- ☐ Pinellas County Housing Authority
- ☐ Pinellas County Sheriff's Office
- ☐ Pinellas Ex-Offender Re-Entry Coalition
- ☐ Pinellas Opportunity Council
- ☐ Public Defender Sixth Judicial Circuit
- ☐ Ready for Life
- ☐ Salvation Army Clearwater Citadel Corps
- ☐ Salvation Army St. Petersburg Corps
- ☐ School Board of Pinellas County
- ☐ Shepherd Center of Tarpon Springs
- ☐ St. Petersburg Free Clinic
- ☐ St. Petersburg Housing Authority
- ☐ St. Vincent de Paul Society Community Kitchen and Resource Center
- ☐ St. Vincent de Paul Society of South Pinellas
- ☐ Tarpon Springs Housing Authority
- ☐ United Way Suncoast
- ☐ WestCare Gulf Coast Florida

Pinellas Homeless Management Information System
Client Informed Consent and Release of Information

Please read the following notice (or ask to have it read to you) before signing.

This agency participates in the Pinellas Homeless Management Information System (Pinellas HMIS). Member Agencies participating in Pinellas HMIS collect data and share information with each other through a shared, internet-based database. The data in Pinellas HMIS is used to streamline assistance, reduce how often you must answer basic questions, reduce how many times you must share your story to service providers, and help in the coordination of services.

This agency is required by local, state, and federal requirements including but not limited to 42 U.S.C. § 405(c)(2)(C)(i), 42 U.S.C. chapter 119, subchapter IV and 24 C.F.R. part 91, and section 420.6231, F.S., and/or by other organizations that provide funding to operate these programs to collect your personal information from you. The information this agency collects about you will be shared, with your written consent, via the Pinellas HMIS database and is used to improve services to you, better understand your needs, and demonstrate why continued funding is necessary to operate their programs. Data is only reported in aggregate, non-identifiable formats for research, reporting, or educational purposes only.

Your data is protected by strict local, state, and federal laws that all HMIS Member Agency providers must follow as well as the Pinellas HMIS Policies & Procedures. This Agency's staff has been trained by Pinellas HMIS staff on the policies, ethics, and laws regarding the protection, privacy, and confidentiality of your information and all users have completed formal background checks to comply with state law. The Pinellas HMIS software vendor, WellSky, maintains industry-standard security protocols and provides regular updates to the software to ensure the security of the database and the privacy of your information.

The data collected about you and any household members will only be shared with other Pinellas HMIS Member Agencies with your written, or verbal, consent as indicated on this form and will include basic identifying information, demographics, and other personal information (such as income, health insurance, disabilities, and homeless history) to help best meet your needs and determine program eligibility.

Your information is only shared with your consent until you revoke this consent in writing. If you do not consent to have your information shared at this time, no other agency with access to Pinellas HMIS will be able to access your information. You can not be denied services for choosing not to share information. However, even if you choose not to share your information with other Pinellas HMIS Member Agencies, this Agency may still be required by federal and/or state regulations to complete some limited data collection for funding and eligibility purposes.

Type of Information to be Collected and Shared:

1. Personal identifying information such as Name, Social Security Number, Date of Birth, Race, Ethnicity, Gender, Veteran Status
2. Program Information such as Program Enrollments, Assessment Information, Services, Referrals

Please indicate your choice for data sharing by checking the box *(list of Member Agencies on Page 2)*:

☐ I agree to share my information, and my children's information, with all participating agencies in Pinellas HMIS.

☐ I agree to share my information, and my children's information, with all participating agencies in Pinellas HMIS except for:

- ☐ Program Enrollments
- ☐ Assessments
- ☐ Services
- ☐ Referrals

☐ I do not want to share my information, and my children's information, with other participating Agencies in Pinellas HMIS.

By signing below, I understand that:

- *I have read this form and agree to release my information as indicated in this document.*
- *I further agree that by signing this form I authorize text messages be sent to my cell phone in the event of a declared emergency.*
- *I understand that data that I consent to share will expire if I revoke my consent in writing.*
- *I understand the collection and use of all my personal information is protected by strict standards of confidentiality as outlined in writing in the Pinellas HMIS Privacy Notice*
- *I understand this agency cannot provide me specific legal advice regarding my rights on any of this information.*
- *I also understand that my personal information will only be disclosed in accordance with applicable Florida laws.*

Signature of Client	*Printed Name*	*Date*
Signature of person doing intake	*Signature of Agency Witness*	*Date*

Additionally, you may restrict access to your information by specific HMIS participating agencies. Please check the box by the HMIS Agencies that you do not want to be able to view your information.

List of Member Agencies

- ☐ 211 Tampa Bay Cares, Inc
- ☐ Alpha House of Pinellas County
- ☐ Boley Centers
- ☐ Brookwood Florida-Central, Inc.
- ☐ Catholic Charities Dioceses of St. Petersburg
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- ☐ Pinellas County Sheriff's Office
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- ☐ Pinellas Opportunity Council
- ☐ Public Defender Sixth Judicial Circuit
- ☐ Ready for Life
- ☐ Salvation Army Clearwater Citadel Corps
- ☐ Salvation Army St. Petersburg Corps
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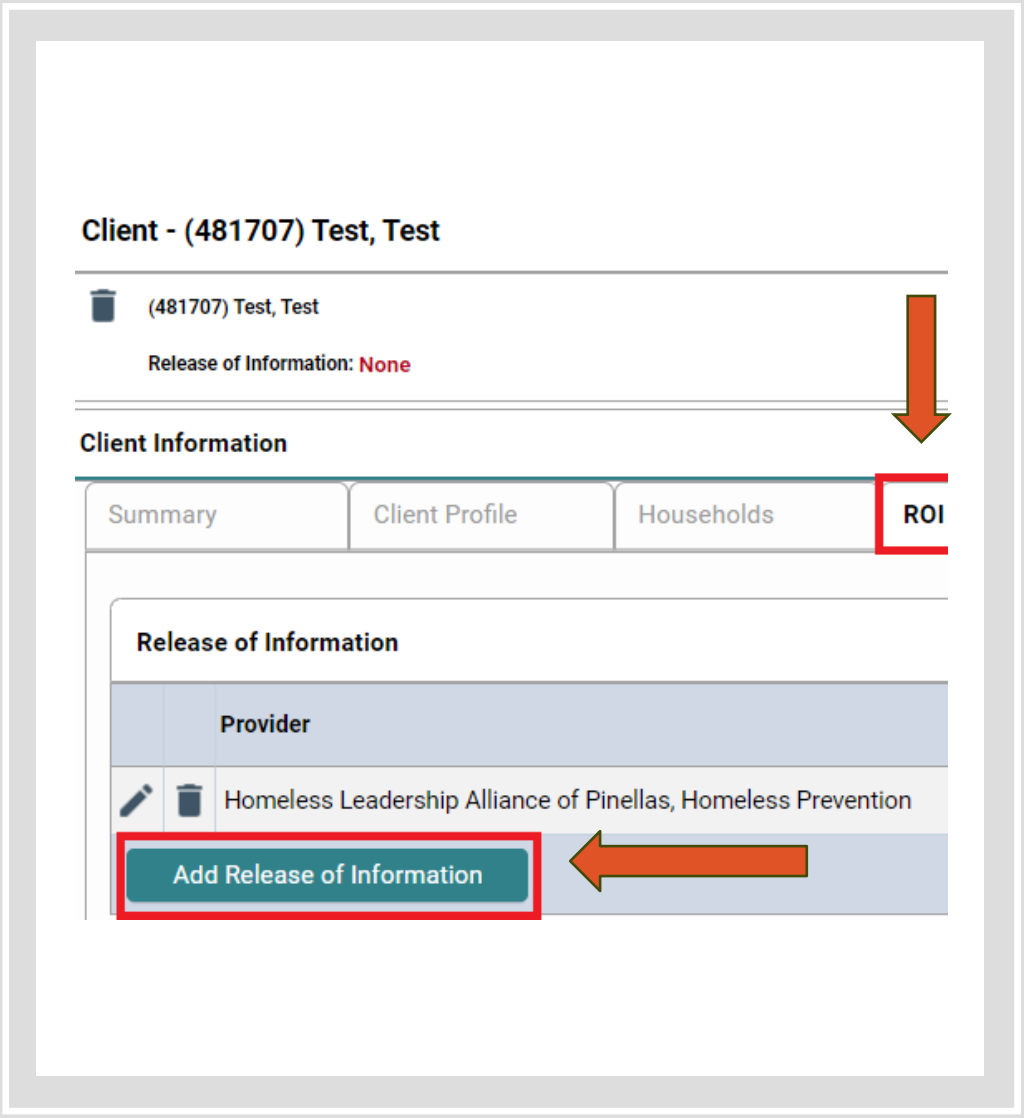
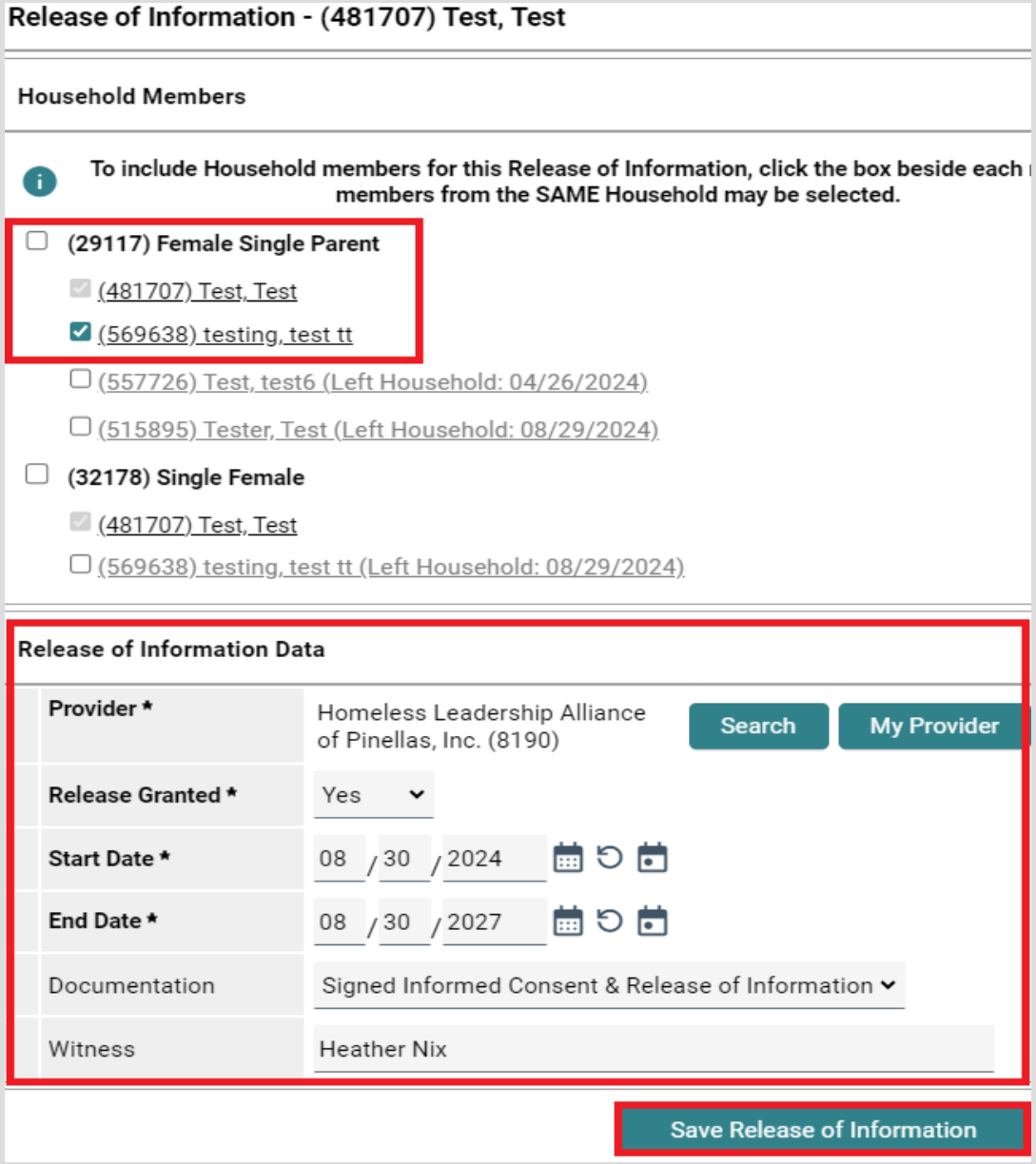
- ☐ St. Petersburg Housing Authority
- ☐ St. Vincent de Paul Society Community Kitchen and Resource Center
- ☐ St. Vincent de Paul Society of South Pinellas
- ☐ Tarpon Springs Housing Authority
- ☐ United Way Suncoast
- ☐ WestCare Gulf Coast Florida

Pinellas HMIS Client Informed Consent and Release of Information
Created 2/04/2022 – bl
Updated 11/1/2023 - kr

DOCUMENT

- Enter the Release of Information (ROI) into HMIS.
- Go to the the ROI tab of client profile.
- Click the Add Release of Information button.





DOCUMENT

- First select the correct household.
- Be sure to select only the members currently in the household.
- Select the correct provider/program.
- Enter Yes for Release Granted.
- Expiration is three years from signature for a written release or one year for a verbal.
- Select Documentation; signed or verbal.
- Enter your name under Witness.
- Click the Save Release of Information button.

PROTECT CLIENT DATA

Client information is confidential, and you are responsible to safeguard that information including:

- Not collecting or discussing client's information in a public shared space where others will hear or see personal information.
- Only viewing what is required to perform your job
- Not discussing client information with any members of law enforcement or other staff/programs that do not have access to HMIS
- Not sending client sensitive data via email without using encryption

Client information will not be disclosed with any non-end users either electronically or physically even if they are from the same organization. If a non-end user requests information, they should be directed to make a request via the Help Desk: https://pinellashmis.zendesk.com/hc/en-us.

At no time will client information from Pinellas HMIS be disclosed to any member of law enforcement for any reason. Any such requests should be directed to Pinellas HMIS staff.

What do you do if the client chooses anything other than "I agree to share my information, and my children's information, with all participating agencies in Pinellas HMIS"?

Enter a HelpDesk ticket and upload the document.

HMIS will use the Pinellas HMIS Informed Consent and Release of Information to limit access to the client's data as per requested.

PROTECT CLIENT DATA

HMIS HELPDESK

Users can find the current Pinellas HMIS Informed Consent and Release of Information on our HelpDesk.

Pinellas HMIS Informed Consent and Release of Information

Pinellas HMIS Informed Consent and Release of Information (Spanish)

FREE TRANSLATION SERVICES

- Hispanic Outreach Center - info@hispanicoutreachcenter.org

- Haitian Association Foundation of Tampa Bay
  Fadia Richardson, Creole Translator
  fadiarichardson@gmail.com
  813-334-4357

- Lealman and Asian
  Neighborhood Family Center
  5090 66TH St. N, St. Petersburg, FL 33709
  (727) 325-2624
  ENGLISH, SPANISH, VIETNAMESE, HMONG, CANTONESE and LAOTIAN

QUESTIONS

Please reach out to HMIS

https://pinellashmis.zendesk.com/hc/en-us/requests/new