



Miner (Homeless Management Information System) Client Consent for Data Collection and Release of Information

Participation in data collection and release, although optional, is a critical component of our community's ability to provide the most effective services and housing possible.

This client Notice and Consent describes how information about you may be used and disclosed and how you can get access to this information. Please review it carefully. If you have any questions or desire any further information regarding this form please contact your case worker, _____ at _____.

The information that is collected in the HMIS database is protected by limiting access to the database and by limiting with whom the information may be shared, in compliance with the standards set forth by federal, state, and local regulations governing confidentiality of client records. Every person and agency that is authorized to read or enter information into the database has signed an agreement to maintain the security and confidentiality of the information. Any person or agency that is found to violate their agreement may have their access rights terminated and may be subject to further penalties.

BY SIGNING THIS FORM, I AUTHORIZE THE FOLLOWING:

I authorize the partner agencies and their representatives to share basic information regarding my family and me. I understand that this information is for the purpose of assessing our needs for housing, utility assistance, food, counseling and/or other services.

The information may consist of the following PPI (Protected Personal Information):

- Identifying Information (Name, birth date, gender, race, social security number, residential information, phone number, etc., and same for each household member)
- Financial Information (employment status, income verification, public assistance payments and allowances, food stamp allotments, etc.)

I UNDERSTAND THAT:

- Information I give concerning physical or mental health problems will not be shared with other partner agencies in any way that identifies me.
- The partner agencies have signed agreements to treat my information in a professional and confidential manner. I have the right to view the client confidentiality policies used by the HMIS Partner Agencies.
- Staff members of the partner agencies who will see my information have signed agreements to maintain confidentiality regarding my information.
- The release of my information does not guarantee that I will receive assistance, and my refusal to authorize the use of my information does not disqualify me from receiving assistance.
- This authorization will remain in effect until I revoke it in writing, and I may revoke authorization by signing a Client Revocation of Consent to Release Information form. If not previously revoked, this consent terminates automatically 5 years from today.
- If I revoke my authorization, all information about me already in the database will remain, but will become invisible to all of the partner agencies.



- My records are protected by federal, state, and local regulations governing confidentiality of client records and cannot be disclosed without my written consent unless otherwise provided for in the regulations.
- Auditors or funders who have legal rights to review the work of this agency, including the U.S. Department of Housing and Urban Development may see your information
- Bitfocus, Inc. runs Nevada's HMIS. When Bitfocus works on the system, they may see information about you.
- People using HMIS information to write reports may see your information. Researchers must sign an agreement to protect your privacy before seeing HMIS data. Your private information will never appear in research reports.
- Additionally, I understand that participation in data collection is optional, and I may choose not to participate.

Partner Agencies: A list of the partner agencies within the Miner Homeless Management Information System may be viewed prior to signing this form at www.miner-hmis.com

Opt Out: If you wish to opt out of having your information collected in the Miner (HMIS) System, please sign "I do not consent", your signature, and date. Otherwise, leave blank.

_____ (write "I do not consent") _____ Signature _____ Date

_____ Client Name (please print) _____ Client Signature _____ Date

Partner Agency: _____

_____ Agency Personnel Name (print) _____ Agency Personnel Signature _____ Date

DISTRIBUTION: Signed original to Agency's Client File