Health, Housing & Human Services
CLACKAMAS COUNTY

Housing and Community Development Division CSS HMIS/CMIS
Client Consent to Release of Information for Data Sharing for
Clackamas County Coordinated Housing Access (CHA)

WellSky's Community Services Software (CSS) Homeless Management Information System/Client Management Information System (HMIS/CMIS) is a computer system that is used to collect and share information on homelessness throughout Clackamas County. The information gathered by HMIS/CMIS allows agencies to plan and deliver services that help people in need. By sharing information with each other, agencies are able to simplify service delivery by coordinating services and referrals across agencies.

Maintaining the privacy and safety of those using our services is very important to us. The HMIS/CMIS complies with state and federal law, including the Health Insurance Portability and Accountability Act (HIPAA). **Certain minimum client information is shared throughout our HMIS/CMIS in order to avoid creating duplicate client records.** Everyone who is authorized to enter or view information in the database has completed training on client confidentiality and has signed an agreement to keep that information private and secure.

Services will not be denied if you choose not to share information. However, in order to participate in a housing program through CHA, the law requires some of your information (your name and contact information) to be shared when a housing program slot becomes available for you. All of the information collected as part of the initial or updated CHA assessment is shared across the CHA system. HMIS persons who are authorized to view this data include those at the following participating community agencies:

- Ant Farm
- ASSIST
- Bridges to Change (BTC)
- Catholic Charities
- Central City Concern
- Clackamas County Children, Family & Community Connections
- Clackamas Community College
- Clackamas County Community Corrections
- Clackamas County Health, Housing, and Human Services - H3S
- Clackamas County Homeless School district liaisons
- Clackamas County Transition Center
- Clackamas Service Center
- Clackamas Women's Services
- Community Vision Inc.
- Crossroads Inc.
- DevNW
- Do Good Multnomah
- Ecumenical Ministries of Oregon
- El Programa Hispano Católico (EPHC)
- Engage by Cell
- FolkTime
- Fort Kennedy
- Greater New Hope Family Services
- Heart of the City
- Home Forward
- Housing Authority of Clackamas County
- Immigrant and Refugee Community Org. (IRCO)
- Impact Northwest
- Just Compassion
- LoveOne
- Mercy Housing
- NARA
- NAYA
- New Narrative
- Northwest Housing Alternatives
- Northwest Family Services
- Oregon Department of Human Services
- Outside In
- Parrott Creek
- Quantum Residential Inc.
- Transitions Projects, Inc.
- The Father's Heart
- Up and Over
- Veteran's Services Office
- Wilsonville Community Sharing
- 211Info

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- **Collective Medical** is a system that helps health care providers work together to support people with complex needs. This includes hospitals, clinics, mental health, recovery programs, and insurance plans. If you are experiencing housing instability or homelessness, CSS HMIS or CMIS may share limited information with Collective Medical. This lets health care providers know you may need housing support.

Please read the following statements and consult with your agency staff if you have any questions:
I UNDERSTAND THAT:

- I will not be denied services if I decline to initially share my data, as long as I agree to share some data (name and contact information) when a housing program slot becomes available.
- The release of my information does not guarantee that I will receive assistance.
- The partner agencies will share the information I provide to CHA to improve service delivery and reduce duplicate data collection.
- Any details about the programs I participate in or information I share with agency staff will not be disclosed to any third party unless I give written authorization, or it is otherwise required by law.
- Some basic information may need to be shared with funders, such as the U.S. Department of Housing and Urban Development (HUD), Oregon Housing and Community Services (OHCS), or other agencies that support and fund Clackamas County programs.
- This authorization will remain in effect for 10 years, unless I revoke it in writing by signing a written statement or Revocation form.
- I understand that I may cancel my consent to data sharing at any time. However, doing so will not change information that has already been given out or actions already taken. Revocation will be effective as of that date.
- I have the right to see my HMIS/CMIS record, ask for changes, and to have a copy of my record from this agency upon written request.
- I have the right to file a complaint if I feel I have been harmed in some way by the use of HMIS/CMIS.
- I have the right to receive a copy of the HMIS/CMIS Notice to Clients of Uses and Disclosures.

Maintaining the privacy and safety of those using our services is very important to us. Your record will only be shared if you give us permission to do so. There may be risks and/or benefits for you to consider before you decide whether or not to consent to the release of information.

Please choose one option and sign below:
By signing, you are saying whether or not you agree to share your information and the information of any household members listed with the community agencies named above.

Choose one:

[ ] **Yes**. **I agree** to share the information I provide to CHA. This includes demographic details such as race and ethnicity, program enrollment and exit dates, information about my situation, services and referrals I receive, and my contact information. This information may be shared through the Community Services Software (HMIS or CMIS) with other partner agencies.

[ ] **No. I do not agree** to share more than the minimum required information. Only my name, date of birth, gender, veteran status, and Social Security number will be shared. No other information will be shared through the Community Services Software (HMIS or CMIS).

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Please list the names and dates of birth of all household members participating in services:

_____
_____
_____
_____
_____

_____	_____	_____
Client/Parent or Guardian Name (please print)	Client/Parent or Guardian Signature	Date
_____	_____	_____
Agency Personnel Name (please print)	Agency Personnel Signature	Date