

## CT-HMIS AUTHORIZATION FOR RELEASE OF INFORMATION

It is up to you whether you want to sign this form. The information you allow us to disclose could later be re-disclosed by the recipient and if that person or organization is not a health plan or health care provider, the information may no longer be protected by Federal privacy regulations. Your decision whether to complete this form will not affect your eligibility for benefits, treatment, payment, or enrollment in other services.

- The Connecticut Homelessness Management Information System (CT HMIS) is a shared system. This means that authorized CT HMIS Participating Agencies will enter your information into the CT HMIS database. These participating agencies will have access to the information that is entered into HMIS. Sharing your data allows service providers to see if they have housing services that fit your needs. It does not guarantee that you will receive housing. The type of information collected in the system includes basic identifying information for you and each member of your household (including name, SSN, date of birth, gender, race, ethnicity, household information, phone number, military veteran status, phone numbers, military veteran status, and disability status). The information entered into HMIS may include information regarding your physical and mental health, including history of substance abuse or HIV/AIDs; whether you are currently receiving services or treatment; and about referrals for services and housing by participating agencies.

**A list of participating agencies which will have access to your information is attached. To see a list of participating agencies please go to this website: <http://www.cthmis.com/info/detail/general-hmis-info/23> and click the "CT HMIS - List of Participating Agencies" link at the bottom of the page.**

**Amendments and/or changes are made to this list from time to time. You may request an updated paper copy from The Connecticut Coalition to End Homelessness (860-721-7876) at any time.**

**NAME (LAST, FIRST):** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

I authorize the agencies referenced above to input my information *described above* into CT HMIS and to access my information stored there for the purpose of ensuring effective coordination of services. Information entered into or accessed from CT HMIS will not be used in any way to diagnose or treat any physical or mental health conditions.

- I understand that my information may be used for research, evaluation, and advocacy. This may include research projects that seek to match my needs with other agencies or programs that may assist in providing housing, case management, or other health and/or homelessness-related services. I will always be protected by federal and state privacy laws. My personal identity will never be part of any research reports.
- A representative of the \_\_\_\_\_ has explained my rights with regard to the CT HMIS Project to me and given me a written copy of the explanation.
- This release of information additionally covers all minor members of the household accessing services.
- I can ask to see a document which lists the persons who have updated my client record in the CT HMIS. If I have any concerns about how my personal data is being used or entered into the CT HMIS database I can contact \_\_\_\_\_.

I understand that if I need homeless assistance in the future, I will be asked to complete this consent form again.

### **NOTICE TO RECIPIENT OF CLIENT'S INFORMATION**

All or part of this information may have been disclosed to you from records protected by Federal and/or Connecticut state law which prohibits you from making any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by said law(s). A general authorization for the release of medical or other information is NOT sufficient for this purpose. In addition, Federal rules (42 C.F.R. Part 2) restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

I understand that this form will expire two years from the date I signed it. I may revoke this authorization in writing at any time; however, I understand that revoking it cannot be change anything about information disclosures that have already occurred.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CT-HMIS AUTHORIZATION FOR RELEASE OF INFORMATION

**Note: If you are a legal guardian or representative, you must attach a copy of your legal authorization to represent the member and complete the following:**

Signature of Guardian/Representative: \_\_\_\_\_

Print: \_\_\_\_\_ Date: \_\_\_\_\_

Legal Authority: \_\_\_\_\_

\_\_\_\_\_  
*Agency witness signature*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Date*

If you have any questions or need additional information regarding this form please contact the Connecticut Coalition to End Homelessness at 860-721-7876 or online at [cceh.org](http://cceh.org).

## CT-HMIS AUTHORIZATION FOR RELEASE OF INFORMATION

If you have any questions or need additional information regarding this form please contact CCEH at 860-721-7876 or on line cceh.org.

Agencies that Participate in CT HMIS as of 5/28/2015  
Please review most up-to-date list by clicking the "Download File" link at:  
[http://www.cthmis.com/files/file\\_detail/1910/](http://www.cthmis.com/files/file_detail/1910/)

<b>FAIRFIELD COUNTY CAN</b>	
ABCD, Inc.	Laurel House
ABRI - Homes for the Brave	Liberation Programs (LMG)
AIDS Project Greater Danbury	Malta House, Inc.
Alpha Community Services	MCCA-Midwestern Connecticut Council on Alcoholism
Association of Religious Communities (ARC)	Mid Fairfield AIDS Project
Bridge House	New Opportunities, Inc.
Bridgeport Rescue Mission	New Reach, Inc
Bridgeport Tabernacle Community Development	Norwalk Emergency Shelter (Open Door Shelter)
Casa Inc.	Operation Hope
Catholic Charities of Fairfield County (Bridgeport)	Refocus Abbey's House
Catholic Charities of Fairfield County (Danbury)	Refocus Outreach Ministry
Center for Human Development - Conn. Outreach West	RNP - Recovery Network of Programs, Inc.
City of Bridgeport	Shelter For The Homeless
City of Danbury (COD)	South Western CT S+C
Danbury Housing Authority	St. John's Family Center
Family and Children's Agency	St. Vincent's CRS
Family and Children's Aid	Supportive Housing Works
Frank Habanksy Food Pantry	The Connection
Healing Tree Economic Development	The Workplace
Homes with Hope Inc.	Western Connecticut Mental Health Network
Inspirica, Inc.	

<b>HARTFORD COUNTY CAN</b>	
AIDS CT (ACT)	Journey Home
Capitol Region Mental Health S+C	Judah House
Christian Activities Council (CAC)	Manchester Area Conference of Churches, Inc.
Chrysalis Center Inc.	Mercy Housing and Shelter
Columbus House Inc.	My Sister's Place
Community Health Resources	Open Hearth Association
Community Renewal Team (CRT)	Salvation Army Marshall House - Hartford
Cornerstone Shelter	South Park Inn
Hands On Hartford	Tabor House
House of Bread	Tri-Town Shelter Services, Inc.
Imma Care	VA Connecticut - Outreach
Inter Community Mental Health Group	YWCA Of The Hartford Region

<b>GREATER NEW HAVEN CAN</b>	
Area Congregations Together	Jewish Family Services
Beth El Center	Leeway
BHcare	Liberty Community Services Inc.
Christian Community Action Inc.	New Reach
Columbus House Inc.	The City of New Haven
CMHC Community Services Network	The Connection
Continuum of Care	Youth Continuum
Emergency Shelter Management Services	

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NORTH WEST CAN	
Catholic Charities of Waterbury - Food Pantry	New Opportunities, Inc.
Center for Human Development - Conn. Outreach West	NWCT YMCA
Charlotte Hungerford Hospital Beh. Health Center	Salvation Army Family Shelter - Waterbury
FISH of NW CT	St. Vincent DePaul Mission Shelter of Waterbury
Independence Northwest (INW)	Torrington Y Limited Partnership
McCall Foundation	Waterbury Hospital
Mental Health Association of CT	Western Connecticut Mental Health Network

NORWICH/NEW LONDON CAN	
Alliance for Living	Reliance House
Bethsaida Community Inc.	Southeastern Mental Health Authority
Columbus House	Thames River Community Service, Inc.
Covenant Shelter	Thames Valley Council for Community Action
Mystic Area Shelter and Hospitality	The Connection - Supportive Housing New London
New London Hospitality Center	United Way of Southeastern CT
Norwich Human Services	

MIDDLESEX CAN	
Chrysalis Center Inc.	River Valley Services
Columbus House Inc.	Rushford Center Inc.
Community Health Center Inc. (CHC)	St. Vincent de Paul Middletown
Mercy Housing and Shelter Corp	The Connection - Eddy Center
New Opportunities, Inc.	Wallingford Emergency Shelter
New Reach	

CENTRAL CT CAN	
Chrysalis Center Inc.	Salvation Army - New Britain Corps Community Center
Columbus House Inc.	St. Philip House
Community Mental Health Affiliates	St. Vincent DePaul Mission of Bristol
Friendship Service Center of New Britain, Inc.	Veterans Inc.
Human Resources Agency of New Britain	YMCA
Prudence Crandall	Salvation Army - New Britain Corps Community Center

NORTH EAST CAN	
Access Agency, Inc.	Perception Programs
Columbus House	United Services Inc. (Balance of State)
Holy Family Home and Shelter	Windham Regional Community Council

STATEWIDE ORGANIZATIONS	
STATE OF CONNECTICUT	UNITED WAY OF CONNECTICUT
Department of Social Services	211 Infoline
Department of Housing	Nutmeg Consulting
Department of Mental Health & Addiction Services	Connecticut Coalition to End Homelessness

# CT-HMIS AUTHORIZATION FOR RELEASE OF INFORMATION

This authorization is voluntary. The information you authorize us to disclose may be subject to re-disclosure by the recipient and if the person or organization authorized to receive the information is not a health plan or health care provider, the information may no longer be protected by Federal privacy regulations. We may not condition your receipt of treatment, payment, enrollment, or eligibility for benefits on completion of this authorization.

In addition to the agencies that utilize CT-HMIS, by authorizing the release of information you are also agreeing to share your information with all the participants of the Greater Hartford Coordinated Access Network, listed below.

This information may include medical, mental health/psychiatric, criminal record, HIV/AIDS, Housing, alcohol and/or drug abuse or other information as it relates to determining your eligibility for housing and support services.

Agencies covered by the terms and conditions of this authorization are:

- 211
- AIDS CT
- Atlas Behavioral Health Outlook
- Bloomfield Social & Youth Services
- Blue Hills Civic Association
- Capital Region Mental Health Center
- Catholic Charities
- Center Church
- Charter Oak Cultural Center
- Charter Oak Health Center
- Community Health Network of Connecticut
- Community Health Resources
- Community Health Services
- Chrysalis Center
- City of Hartford
- Columbus House
- Community Partners in Action
- Community Renewal Team
- Connecticut Coalition to End Homelessness
- Cornerstone Foundation Shelter
- CT Department of Housing
- CT Department of Mental Health and Addiction Services
- CT Department of Correction
- CT Department of Social Services
- CT Heroes Project
- First Choice Health Center
- Greater Hartford Harm Reduction Coalition
- Hands on Hartford
- Hartford Business Improvement District
- Hartford Dispensary
- Hartford HealthCare
- Hartford Job Corps Academy
- HOPE Team
- House of Bread
- ImmaCare Inc.
- InterCommunity
- Interval House
- Journey Home Inc.
- Loaves and Fishes, Inc.
- MACC Charities
- Mercy Housing and Shelter Corporation
- My Sisters' Place
- Nutmeg
- Partnership for Strong Communities
- Salvation Army of Hartford
- San Juan Center
- South Park Inn
- St. Francis Hospital
- The Network Against Domestic Abuse
- The Open Hearth
- The Connection, Inc.
- The Village for Children and Families
- Town of Enfield Social Services
- Town of Manchester Social Services
- Beacon Health Options
- Veteran's Administration
- Veteran's Inc.
- West Hartford Housing Authority
- Wheeler Clinic
- YWCA

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

Note: If you are a legal guardian or representative, you must attach a copy of your legal authorization to represent the member and complete the following:

Signature of Guardian/Representative: \_\_\_\_\_

Print: \_\_\_\_\_ Date: \_\_\_\_\_

Legal Authority: \_\_\_\_\_

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