Client Name:_____
HMIS Client ID #_____
Client DOB:_____/_____/_____

Continuum of Care (CoC) Alaska Homeless Management Information System (AKHMIS) Client Consent to Collect, Share, and Use Information

****** Needed for Anchorage Coordinated Entry Case Conferencing *****

What is the purpose of this form?

When I sign this form, I give permission for my information to be shared with Partner Agencies to 1) connect me to housing and services, 2) improve community programs, and 3) protect my privacy. A list of Partner Agencies is available at www.anchoragehomeless.org or I can contact the Anchorage Coalition to End Homelessness (ACEH) with questions. My information is entered into a database known as the Alaska Homeless Management Information System (AKHMIS). AKHMIS is administered by a HUD defined Lead Agency, the Institute for Community Alliances. If the Lead Agency changes, this consent will remain active. My information will be shared in that database to best determine my service needs during client case conferencing meetings, and through the housing and supportive services referral. If ACEH changes their policies, I may have to sign a new consent form.

BY SIGNING THIS FORM, I AGREE that ACEH, the HMIS Lead Agency, and Partner Agencies can share my AKHMIS information. My information is collected and shared to help me access housing and other supportive services. My information is also used to evaluate the quality of services and programs in the community and to generate aggregate data information requested or required by program funding sources. My information is only disclosed with my written consent as I agree on this form. I understand that Partner Agencies may change over time. My consent allows any participating organization to add or update my information in AKHMIS without asking me to sign another consent form. ***I may refuse to sign this consent. If I refuse, I will not lose benefits or be denied services.***

I allow ACEH and Partner Agencies to collect and share my information including:

- Name, birthday, gender, race, ethnicity, social security number, phone number, and address,
- Basic, self-reported medical, mental health, substance abuse, and daily living information,
- Current, future, and historical housing information,
- Use of crisis or emergency services, hospitals, Anchorage Safety Patrol pick-ups, and jail or incarceration history,
- Housing program specific information such as entry/exits from programs or housing, agency assessments, services, client notes, case notes, and referrals,
- Employment, income, insurance, and benefits, and non-cash benefits information,
- Current, future, and historical interactions with Partner Agencies,
- Military or Veteran Status,
- Assessments results including vulnerability assessment data,
- Current, future, and historical incidents and program bans,
- *By initialing here, I also agree to share my photograph within the AKHMIS system*. _____

I UNDERSTAND THAT:

- The ACEH, the HMIS Lead Agency, and Partner Agencies will keep my AKHMIS information private using strict privacy policies. The database is updated regularly to meet these security requirements. I have the right to review the security policies. I can request these policies in writing by emailing director@anchoragehomeless.org.
- There is a small risk of a security breach. If there is a breach, someone might obtain and use my information inappropriately.
- If I have questions about my privacy rights, my AKHMIS information, or am concerned that information has been misused, I can contact ACEH through its website.
- I can receive a copy of this Consent form.
- I may refuse to sign this Consent. If I refuse, I will not lose benefits or be denied services and my information will not be shared with Partner Agencies.
- This Consent will expire in five (5) years.
- I may revoke my consent to data sharing at any time without fear of loss of benefits or services. If I revoke my consent, it will not apply to any information disclosed or shared prior to a revocation submitted to the partner agency where I originally agreed to share data or signed a sharing consent form.

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- Aggregate AKHMIS data might be reviewed by auditors or funding organizations who work with Partner Agencies to provide services. Information might be shared to evaluate the quality of social services provided in the MOA. I understand that auditors and funders vary from year to year and might change over time.
- My information might be shared to coordinate referrals and placements for housing or other supportive services.
- My information might be shared by Partner Agencies to help with other services such as food or utility assistance.
- My AKHMIS information might be used, as part of aggregate data, for research; however, if my identifying information is necessary for research, it will remain private and only shared with partnering research agencies, academic institutions or provider organizations.

I have a Guardian appointed by the State of Alaska or the Courts: _____ Yes _____ No

If yes, Guardian Name:_____ Phone number:_____

Legal Guardian Signature (if applicable): _____

Signature Date: _____/_____/_____

Client Signature: _____

Print Name (Client): _____

Signature Date: _____/_____/_____

Client Date of Birth DOB _____/_____/_____

I agree to have this form cover any minors I am the parent or legal guardian of:

Print Name (Client): _____ Client DOB:_____/_____/_____

Print Name (Client): _____ Client DOB:_____/_____/_____

Print Name (Client): _____ Client DOB:_____/_____/_____

****add a new page if there are more minors in this family****

Witness Signature: _____

Print Name (Witness): _____

Witness Partner Agency: _____

☐ Verbal Consent if obtained by phone (Agency Staff Initials):_____

Date:_____

Agency Use Only: *Client opted out of data sharing (**Refused or Revoked Consent**)*

*Staff/Agency Initials*_____ *Staff/Agency Witness*_____

*Date*_____