

## 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.

To see a list of the agencies that will have access to your information please see our list of [Participating Agencies](#)

Amendments and/or changes are made to this list from time to time. You may request an updated paper copy from The CT HMIS System Administrator by emailing [help@nutmegit.com](mailto:help@nutmegit.com).

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 **\*\*AGENCY NAME\*\*** 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 **\*\*DESIGNATED AGENCY CONTACT PERSON.\*\***

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 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 CT HMIS System Administrator by emailing [help@nutmegit.com](mailto:help@nutmegit.com).**

**To view the agencies currently participating in HMIS please visit our list of [Participating Agencies](#)**