

Community Management Information System Client Release of Information

IMPORTANT: Do not enter personally identifying information into CMIS for clients who are: 1) living with HIV/AIDS; 2) currently fleeing or in danger from a domestic violence, dating violence, sexual assault or stalking situation; or 3) do not want to provide personally identifiable information. *If this applies to you, STOP- Do not sign this form.*

IMPORTANT: If your agency is considered a covered provider under VAWA/VOCA you cannot enter personally identifiable information into the CMIS.

This agency participates in the Community Management Information System (CMIS) by collecting information, over time, about the characteristics and service needs of those experiencing homelessness or that are in need of health, legal, and other community-based services.

To provide the most effective services to you and to our community, we need to collect some personal information. Some, but not all, of the data we need include: **name, birth date, race, ethnicity, gender, and social security number**. You may be asked questions on topics like: **income sources, veteran status, education, and disabilities**. You have the **right** to refuse to provide information and services **cannot be denied** to you as a result. However, it may be more difficult to coordinate services between agencies and service delays could occur as a result.

- We will guard this information with strict security policies to protect your privacy. Our database is highly secure and uses up-to-date protection features such as data encryption and unique passwords for each system user. There is a very small risk of a security breach, but the possibility does exist that someone might obtain and use your information inappropriately. If you **ever** suspect the data in CMIS has been misused, immediately contact City of Spokane, CMIS Program Manager, at 509.625.6051. Alternatively, you can contact the agency that initially collected your data or any CMIS participating agency.
- In order to get an accurate count of all people experiencing homelessness in the region and improve services that you and others like you receive, the information you provide will be shared with other service agencies and the Washington State Department of Commerce. You may request a comprehensive list of agencies that have access to your information via written or verbal request to the agency that collected your information. A list of agencies is also posted at www.spokaneCMIS.org. The list of agencies that have access to your data can change. When that occurs, the list of CMIS participating agencies will be updated to reflect additions and removals.
- Information will be stored in the CMIS database no longer than 7 years, or when the information is no longer in current use.
- The information you provide for inclusion in the CMIS will not affect the quality or quantity of services you are eligible to receive from this agency and will not be used to deny services. However, if you do choose to provide information, services in the region may improve if we have accurate information

I consent to the inclusion of personal information in CMIS about me and any dependents listed below and authorize information collected to be shared with other service agencies and the Department of Commerce. I understand that my personal information will not be made public and will only be used with strict confidentiality. I also understand that I may withdraw my consent at any time.

I do not consent to the inclusion of personal information about me or any of my dependents.

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Dependent children under 18 in household, if any (please print first and last names):

CLIENT SIGNATURE (adult) _____ Date _____

CLIENT SIGNATURE (adult) _____ Date _____

CLIENT NAME (Printed) _____

CLIENT NAME (Printed) _____

CLIENT SIGNATURE (adult) _____ Date _____

CLIENT SIGNATURE (adult) _____ Date _____

CLIENT NAME (Printed) _____

CLIENT NAME (Printed) _____

For Staff Use Only

No Consent

Client indicated that they were living with HIV/AIDS, currently fleeing, or were in danger, from a domestic violence, dating violence, sexual assault, or stalking situation and/or refused to provide consent.

Telephonic Consent

Staff obtained telephonic consent from client and dependents under 18 as listed above. Note: Written consent must be obtained at the first time the client is physically present at an organization with access to the CMIS system.

Staff Name (Printed) _____

Staff Signature _____ Date _____

Agency _____