**Agency name**

**Kentucky Homeless Management Information System (KYHMIS) ACKNOWLEDGEMENT and RELEASE OF INFORMATION**

Agency Representative – Ask the participant to read this document carefully or ask if they need you to read it to them.

**READ FIRST:** Please be aware, sharing your confidential information collected by **Agency name** with other KYHMIS-participating agencies may help you avoid being screened again, receive services more quickly, and minimize how many times you have to tell your “story.” If you decide you want **Agency name** to release your confidential information, you may use this form for authorization. The ways in which this agency may use or disclose your information must comply with Kentucky Housing Corporation’s Privacy Notice, which is posted in public view at this agency. You may also request a free copy of the Privacy Policy.

**I understand: *(please initial)***

**That Agency Name consists of Welcome House of NKY, Brighton Center, NorthKey, Center for Independent Living Options, Transitions, Veterans Administration, Catholic Charities, Family Promise, Emergency Shelter of Northern Kentucky, Women’s Crisis Center and Strategies to End Homelessness and this Release applies to all those entities listed here.**

\_ That **Agency name** is a participating agency in the Kentucky Homeless Management Information System (KYHMIS). All agencies that participate in the KYHMIS have an obligation to keep my personal information, identifying information, and my records confidential, including those of my legal dependents as listed on this form.

\_ That I can choose to allow **Agency name** to disclose my personal information and information of legal dependents to other KYHMIS-participating agencies. This may including information about the VI-SPDAT score or regarding a disability.

\_ Signing a release form is completely voluntary and that this release is limited to only KYHMIS- participating agencies.

\_ The releasing information about me or my legal dependents could give another KYHMIS- participating agency information about my location and would confirm that I have been receiving services from **Agency name**.

\_ That **Agency name** and I may not be able to control what happens to my information once it has been released to another participating agency.

\_ Only the information collected during the term of this release will be visible to other agencies but will continue be visible beyond the term of this release.

\_ I understand that I have the right to withdraw this consent, in writing, at any time to **Agency name**. Cancellation WILL NOT be retroactive.

\_ I understand that **Agency name** cannot deny services to me because of my refusal to authorize the release of information.

**Option 1**

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give permission to **Agency name** to share and exchange information with other KYHMIS-participating agencies for the purposes of evaluating services needed and to coordinate service delivery.

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| **First Name** | **Last Name** | **Birth Date** | **Authorization Expiration\*** |
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\*Authorization expiration should meet the needs of the client/household and not exceed the estimated service time.

**Option 2**

I , **DO NOT** give permission to **Agency Name** to share and exchange information with other KYHMIS-participating agencies for the purposes of evaluating services needed and to coordinate service delivery.

**Option 3**

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| **First Name** | **Last Name** | **Birth Date** | **Authorization Expiration\*** |
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I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give permission to **Agency Name** to share and exchange information with only other projects within **Agency Name** for the purposes of evaluating services needed and to coordinate service delivery.

\*Authorization expiration should meet the needs of the client/household and not exceed the estimated service time.

\_ \_ \_ \_ Signature of Client, Guardian, or Power of Attorney Date

\_ \_ \_ \_ Signature of Witness Date