

**NASHVILLE AND DAVIDSON COUNTY
COMBINED HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS)
AND HOMELINK
INFORMED CONSENT FOR RELEASE OF INFORMATION
ONE FORM PER ADULT**

I am signing this consent for release of information contained in the attached Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT), using Nashville's Homeless Management Information System (HMIS) and the Homelink database, based on the following representations:

_____ is a Partner Agency in Nashville's Homeless Management Information System (HMIS) and/or Homelink.

The HMIS is a shared homeless and housing database system administered by Metropolitan Development and Housing Agency and is also funded and used by the Metropolitan Homelessness Commission. The HMIS allows authorized staff at Partner Agencies to share client information and to follow trends and service patterns over time. How's Nashville uses the VI-SPDAT and a database called HomeLink to collect information about your individual circumstances in order to help authorized staff at Partner Agencies refer you to appropriate housing and services.

The HMIS and/or the HomeLink databases operate over the Internet and use many security protections to ensure confidentiality. The information collected may either be kept in separate databases or in a joint HMIS/ HomeLink database and may remain in the database or databases past the expiration of the consent or after consent is withdrawn.

- Your HMIS and/or HomeLink information **WILL NOT** be shared with any agency not participating in HMIS and/or HomeLink (unless required to do so by law).
- Basic relevant information to be shared by Partner Agencies upon your consent includes the information collected, but is not limited to: name, age, gender, housing and homelessness history, medical or mental health diagnosis and history, intake/discharge dates, employment status, income, contact information and additional information used strictly to refer you to appropriate housing and/or services.
- Giving consent for your name and other identifying information to be entered into HMIS, the HomeLink database, and/or shared among partner agencies is voluntary. Refusing to give consent **WILL NOT** deny your assistance, however, it may affect the agency's ability to provide the most effective assistance in helping you to obtain housing as quickly as possible.
- Authorization of information on times you may have been homeless before, collected from HMIS, Homelink or the VI-SPDAT surveys, may be shared with partner agencies, including the name of participating agencies providing services to you and information of all dependents (children under age 18), if applicable.
- You may revoke this consent and authorization at any time by written request before the expiration date by contacting (Person at Name of Agency) at telephone number (615) _____.
- You have a right to a copy of this authorization once you have signed it by contacting (Person at Name of Agency) at telephone number (615) _____.

Initials I give consent for my name, protected health information, personally identifiable information, and other collected information to be entered into the HMIS and/or HomeLink database and to have my information SHARED among Partner Agencies.

_____ I agree to be interviewed and allow the information collected by the VI-SPDAT to be disclosed and received by
Initials the organizations that participate in HMIS and/or HomeLink, which include but are not limited to Aphasis House, Bridges, Catholic Charities, Centerstone of Tennessee, Centerstone Research Institute, Community Solutions, Family Life Center, Nashville Downtown Partnership, Metropolitan Homelessness Commission, Matthew 25, MDHA, Mental Health Cooperative, Metro Social Services, Nashville CARES, Nashville Rescue Mission, Needlink, Next Stage, Oasis Center, Open Table Nashville, Operation Stand Down Tennessee, Needlink, Palantir, Park Center, Peace Unlimited, Renewal House, Rooftop, Room in the Inn, Safe Haven Family Shelter, Salvation Army, StreetWorks, St. Luke's Community House, The Next Door, United Neighborhood Health Services, Urban Housing Solutions, VA, Welcome Home Ministries, and the YWCA.. I understand that I can ask for and receive a current list of participating organizations and that this list may change. I understand that the information I provide will be used to determine if I am eligible for partner agency housing, services or related programs. I also understand that each agency may have different eligibility requirements.

_____ I give my consent to contact me, or my case manager, navigator or other contact person, about my survey
Initials information, housing referrals or services referrals.

_____ I specifically give consent for the following information to be disclosed: whether I currently have or
Initials have had HIV/AIDS, mental health conditions or treatment, physical health conditions or treatment, and/or substance use or treatment. I understand that the purpose for the disclosure of this information is to help refer me to appropriate housing and services.

_____ I give my consent to be photographed and that my photograph may be shared with partner agencies for
Initials the purposes of identification. My photograph may not be used in any media or promotional materials unless agreed to by me in a separate consent.

By signing or placing my mark below, I acknowledge that I have read, or have had read to me, all of the information above and that I have chosen to sign this form voluntarily. I also understand that participating in HMIS and/or HomeLink does not guarantee that I will be called for housing or that I will receive housing. I also understand that this consent is valid for one year from the effective date of my signature below and that I may cancel it at any time by written request. I also hereby agree that the information released will be used only for the purposes provided and will not be released to any other individual, agency, or organization pursuant to HRS 346-10.

*** _____ I do **NOT** authorize this agency to put my information into the HMIS and HomeLink databases (Declining to have your information put into the HMIS and HomeLink will **NOT** restrict you from receiving services.)***

Printed Name of Client

Signature (or Mark) of Client

Date

Printed Name of Agency/Org Representative

Signature (or Mark) of Representative

Date

This form is on file with:
Name of Agency
Agency Address
Agency Contact Phone Number