The Georgia Homeless Management Information System (“GA HMIS”) is an online database that is used to collect information (data) about clients accessing housing and homeless services throughout the State of Georgia. This organization participates in the GA HMIS and shares information with other organizations that use this database. This information is utilized to provide supportive services to you and your household.

### What type of information may be shared in the HMIS?

We collect general and Protected Personal Information about you and record it in GA HMIS. Depending on your situation, this may include, but is not limited to:

* Your basic identifying information (including name, SSN, date of birth, gender, race/ ethnicity, marital and family status, household relationships, contact information, veteran status, disability status)
* Your history of homelessness and housing (including your current housing status and where and when you have accessed services)
* Your income information (sources and amounts of household income, employment information, work skills) and other resources, such as non-cash benefits
* Your legal history/information
* Your general, self-reported medical history including any mental health and substance abuse issues (however, detailed medical or treatment information will never be shared)
* Your service needs and the outcomes of services provided
* Your emergency contact information

### How do you benefit from sharing your information?

The information you provide to GA HMIS helps us coordinate the most effective services for you and/or your family. By sharing your information, you may be able to avoid being screened more than once, get faster and more personalized services, and minimize how many times you have to tell your ‘story.’ Collecting this information also gives us a better understanding of homelessness in your local area and the effectiveness of the services provided in your area.

### Who can have access to your information?

The GA HMIS participating organizations can have access to your data. These organizations may include homeless service providers, other social services organizations, housing groups, and healthcare providers. All participating organizations who have access to your information have signed an agreement to maintain the security and confidentiality of your information.

### How is your personal information protected?

Your information in the HMIS is secured by passwords and encryption technology. In addition, each participating organization must sign an agreement to maintain the security and confidentiality of the information. Your information is protected by the federal HMIS Privacy Standards. In some instances, when the participating organization is a health care organization, your information may be protected by the privacy standards of the Health Insurance Portability and Accountability Act (HIPAA).

### By signing below, you understand that:

* You have the right to receive services even if you do not sign this consent form
* Signing this consent form does not guarantee you services
* You have the right to receive a copy of this consent form
* Your consent permits any participating organization to update your information in HMIS without asking you to sign another consent form
* This consent is valid for seven (7) years from the date after the Protected Personal Information was created or updated
* You may cancel your consent at any time, but your cancellation must be done either in writing or by completing the Client Revocation of Consent to Share Information form. You further understand that any cancellation of this consent will not retroactively change information that has already been disclosed or actions already taken under your previous authorization
* The GA HMIS Privacy Policy contains more detailed information about how your information may be used and disclosed
* Upon your request, we will provide you with:
  + A copy of the Client Revocation of Consent to Release Information
  + A copy of the GA HMIS Privacy Policy
  + A copy of your HMIS records within five (5) business days of your request;
  + A current list of participating organizations that have access to your data
* If you find inaccurate or incomplete Protected Personal Information in your records, you have the right to request a correction
* Aggregate or statistical data that is released from HMIS will not disclose any of your Protected Personal Information
* You have the right to file a grievance against any organization you feel has violated your confidentiality
* If I need to be referred to another agency for services, certain information may need to be forwarded, regardless of my recorded data sharing preference; however, it will only be forwarded to that specific agency
* You are not waiving any rights protected under Federal and/or Georgia law

### SIGNATURE AND ACKNOWLEDGEMENT

Your signature below indicates that you have read (or been read) this client consent form, have received answers to your questions, and you freely consent to have your information, and that of your minor children (if applicable), shared via the GA HMIS as described in this consent form.

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_ Last 4 digits of SS\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Minor Children (if any):**

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_ Last 4 digits of SS\_\_\_\_\_\_\_\_\_

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_ Last 4 digits of SS\_\_\_\_\_\_\_\_\_

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_ Last 4 digits of SS\_\_\_\_\_\_\_\_\_

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**Print Name of Organization Print Name of Organization Staff**

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**Signature of Organization Staff Date**