



Client Release of Information
Spokane CMIS

IMPORTANT: Do not enter personally identifying information into CMIS for clients who are: 1) in DV agencies, 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.

This agency participates in the Homeless Management Information System (CMIS) by collecting information, over time, about the characteristics and service needs of men, women, and children experiencing homelessness.

- To provide the most effective services in moving people from homelessness to permanent housing, we need an accurate count of all people experiencing homelessness in the region. In order to make sure that clients are not counted twice if services are received by more than one agency, we need to collect some personal information. We need: name, birth date, race, ethnicity, social security number, etc. You may be asked questions on topics like: income sources, veteran status, education, and disabilities. This information is used to improve the quality of service you, and others like you, receive. You have the right to refuse to provide this information. 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 outreach, shelter or housing.
- We will guard this information with strict security policies to protect your privacy. Our computer system is highly secure and uses up-to-date protection features such as data encryption and unique passwords for each system user. There is a small risk of a security breach, and someone might obtain and use your information inappropriately. If you ever suspect the data in CMIS has been misused, immediately contact City of Spokane, HMIS System Administrator, at 509.625.6325.
- In order to get an accurate count of all people experiencing homelessness in the region and improve homeless services that you and others like you receive, the information you provide may be shared with other service agencies and the WA State Dept. 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.spokanehmis.org.

_____ 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 local service agencies. 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.

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

_____	_____
_____	_____
_____	_____

CLIENT SIGNATURE (adult) _____	_____	CLIENT SIGNATURE (adult) _____	_____
Date _____		Date _____	
CLIENT NAME (Printed) _____	_____	CLIENT NAME (Printed) _____	_____
Date _____		Date _____	

Staff Signature _____	_____
Date _____	
Staff Name (Printed) _____	_____
Agency _____	



For Staff Use Only

_____ Client did NOT consent to the inclusion of personal information in CMIS for themselves or any dependents.

Staff Name (Printed) _____	Staff Signature _____	Date _____
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_____ 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 HMIS system.

Staff Name (Printed) _____	Staff Signature _____
Date _____	
Agency _____	