



MEMPHIS/SHELBY COUNTY MANAGEMENT INFORMATION SYSTEM (MSCCOC-MIS)

CLIENT CONSENT FORM

IMPORTANT: Do not enter personally identifying information into MSCCOC-MIS for clients who are: 1) in DV agencies or; 2) currently fleeing or in danger from a domestic violence, dating violence, sexual assault or stalking situation. *If this applies to you, **STOP- Do Not Sign this Form.***

This agency participates in the Memphis/Shelby County Management Information System (MSCCOC-MIS) by collecting information, over time, about the characteristics and service needs of men, women, and children experiencing homelessness or at-risk of 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 Memphis/Shelby County. In order to make sure that clients are not counted twice if services are provided by more than one agency, we need to collect some personal information. Specifically, we need: **name, birth date, social security, race, and last permanent zip code.** Your information will be stored in our database for 7 years.

- The data you provide will be combined with data from other providers providing housing, shelter, and supportive services for the purpose of further analysis. Your name and other identifying information will not be included in any reports or publications. Only a limited number of staff members in the research division who have signed confidentiality agreements will be able to see this information.
- Your decision to participate in the MSCCOC-MIS 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. However, if you do choose to participate, services in the city/county may improve if we have accurate information about homeless individuals and the services they need.
- 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, passwords, and identity checks required for each system user. If you ever suspect the data in MSCCOC-MIS has been misused, immediately contact the MSCCOC-MIS Administrator (Tanyce A. McCray-Davis) at tanyce@cafh.org or call (901) 527-1302 Ext. 306.

I consent to the inclusion of personal information in MSCCOC-MIS about me and any dependents listed below. 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.

Dependent children under 18 in household, if any (Please print below):

CLIENT SIGNATURE (PARENT/GUARDIAN)

DATE

CLIENT NAME

STAFF NAME

I give this Agency permission to share the following types of information about me and any dependents listed below verbally, or through MSCCOC-MIS, mail, fax, or by hand.

<i>Program/Housing Information</i>			
Intake and exit dates	Housing status at entry/exit	Residence and length of stay prior to program entry	Area of last stable residence
Destination at exit	Reason for leaving	Services received	
<i>Assessment Information</i>			
Income and sources	Non-cash benefits	Employment/Education	Military service
Domestic Violence experience	Physical disability	Developmental disability	Chronic health condition
HIV/AIDS	Mental health /Insurance	Substance abuse	
<i>Investing in Families Information (if applicable)</i>			
Coordinated entry intake	Family assessment	Life domain assessment	Action plan

By signing this, I certify I understand that:

- The purpose of sharing information with other agencies is to help with case management, improve the services I receive, and allow other agencies to access information about me more quickly if needed.
- This Agency may not deny me service if I do not give it permission to enter my data into the MSCCOC-MIS or share it with other agencies.
- I am entitled to a copy of this release and sharing form.
- I may revoke this sharing permission at any time by delivering or mailing a written statement canceling my consent and/or release of information to this Agency. Revoking my consent/release will not change anything for those people or agencies that had previously received my information while my consent/release was in effect.
- The current list of agencies who are MSCCOC-MIS Partners or MOU Partners that may have access to my information (if agreed to below) is available from this Agency. I understand that additional agencies may join the MSCCOC-MIS or specified MOU Partnership at any time and will also have access to my personal information at that time. I understand that, upon my request, this Agency must provide me with a list of current MSCCOC-MIS Agencies or MOU Partners before I sign this release and information sharing form, and must allow me to view the updated list of agencies so long as my release/sharing permission remains in effect.
- I understand that my records are protected under Federal and State Confidentiality Regulations (42 CFR, Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR, 160 & 164) and cannot be disclosed without my written consent unless otherwise provided for in the regulations.
- I understand that if I give this Agency permission to share any of the above information, it will be combined with the personal information I've agreed to include in MSCCOC-MIS (name, date of birth, gender, etc.) so other agencies that provide me services will be able to identify who the information is about.
- I have reviewed a copy of the MSCCOC-MIS Client Privacy Rights posted at this Agency.

- **Option One:** Share with any other HMIS agency necessary to provide me the service I need; or
- **Option Two:** Share with only the following agencies or specified MOU:

Note: We are not required to agree to additional restrictions that you request beyond those listed here. But, if we do agree to additional restrictions (that you request in writing), then they are binding on this Agency and on MSCCOC-MIS.

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

Child's Name

Child's Name

Child's Name

Child's Name

Child's Name

Child's Name

Child's Name

Child's Name

Child's Name

Child's Name

Child's Name

Child's Name

Child's Name

Child's Name

CLIENT SIGNATURE (PARENT/GUARDIAN)

DATE

CLIENT NAME

STAFF NAME