



# Client Release of Information

New Bedford Continuum of Care | Homeless Management Information System



To provide you with the most effective and efficient service, we must collect relevant data for our Homeless Management Information System (HMIS).

This secure and confidential database operated by trained representatives allows providers to work together with you to make sure you are receiving the assistance you need in a timely manner. Beyond that, the HMIS allows the local “Continuum of Care” to get an accurate count of all people experiencing homelessness or who are at risk of homelessness in the City of New Bedford.

To help us serve you and in order to improve our current service system we need to collect your personally identifiable information (PII). To better coordinate with other agencies, you have the right to consent to release your information to these other agencies.

**Please review the information below and sign and date where indicated.**

*[If you have a family household, please complete the back of this form as well].*

I understand that this agency will enter my information into the Homeless Management Information System (HMIS). The information I have provided is true and correct. My information may be shared among local (Bristol County) authorized service providers for the purpose of connecting me to services.

I understand that information about me that is in HMIS may be used by the agency and the New Bedford Continuum of Care (as well as the Fall River Continuum of Care and Greater Bristol County Attleboro Taunton Continuum of Care) to conduct research related to homelessness and housing programs, service needs, income supports, education and employment and program effectiveness. My name, date of birth, social security number, or other information that would identify me personally will never be shared with anyone without my authorization.

An agency representative has answered my questions about my privacy concerns.

By signing this release form, I fully understand the above terms and conditions.

Click or tap here to enter text.

CLIENT NAME [PRINT]	DATE	CLIENT SIGNATURE	DATE
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Click or tap here to enter text.

AUTHORIZED PERSONNEL NAME [PRINT]	DATE	AUTHORIZED SIGNATURE	DATE
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**Client Consent on Behalf of Household Members**

An adult head of household may provide consent on behalf of family members to share their information in the HMIS.

Click or tap here to enter text.

FAMILY MEMBER NAME 1 [PRINT]

HEAD OF HOUSEHOLD [INITIALS]

Click or tap here to enter text.

FAMILY MEMBER NAME 1 [PRINT]

HEAD OF HOUSEHOLD [INITIALS]

Click or tap here to enter text.

FAMILY MEMBER NAME 2 [PRINT]

HEAD OF HOUSEHOLD [INITIALS]

Click or tap here to enter text.

FAMILY MEMBER NAME 3 [PRINT]

HEAD OF HOUSEHOLD [INITIALS]

Click or tap here to enter text.

FAMILY MEMBER NAME 4 [PRINT]

HEAD OF HOUSEHOLD [INITIALS]

Click or tap here to enter text.

FAMILY MEMBER NAME 5 [PRINT]

HEAD OF HOUSEHOLD [INITIALS]

Click or tap here to enter text.

FAMILY MEMBER NAME 6 [PRINT]

HEAD OF HOUSEHOLD [INITIALS]

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**Client Revocation of Consent**

If client checks this box and signs their name below, they are indicating their intent to rescind/cancel the authority and consent previously granted herein as of the date noted.

Click or tap here to enter text.

CLIENT NAME [PRINT]

Enter Date

DATE

Click or tap here to enter text.

FAMILY MEMBER NAME [PRINT]

Enter Date