

South Alamo Regional Alliance for the Homeless (SARAH)
Homeless Management Information System (HMIS)

CLIENT RELEASE AND SHARING OF INFORMATION FORM

Name: _____

Date of Birth: _____

____ I give _____ permission to share identified personal information about me and/or my minor children in HMIS.

I acknowledge that information provided to _____ or any other service provider in Bexar County is collected in the HMIS and shared among Bexar County service providers to coordinate the provision of services. Such information, depending on the funding source and mission of the agency making the request, may include the following: service history, including what services I receive and my reasons for seeking services; income amount and sources; educational background; employment status; military history; substance use, abuse, and treatment history; and living situation and housing history, to include whether I am or have been homeless.

____ I do not give permission to Alamo Area Resource Center to share any identified personal information about me in HMIS. I understand that this Agency may not deny me service if I do not give them permission share my data with other agencies.

By signing this, I certify that I acknowledge and understand that:

- I have the right to revoke this consent at any time and that such revocation must be in writing.
- There may have been information shared based on this consent when it was in effect and that revoking this consent will not cause that information to be withdrawn from those with whom it was shared.
- I can make a written request to review my personal information in HMIS.
- I am entitled to a copy of this release and sharing form.
- This consent will expire 3 years after the last date of service.

Signature: _____

Date: _____

Staff/Witness: _____

Organization: _____