

Client Consent to Release Information

New Moms (as well as project partners Housing Forward and Beds are included in this consent) is a partner in the Northeast Illinois Homeless Management Information System (HMIS). HMIS is a project of the Alliance to End Homelessness in Suburban Cook County (Alliance) in partnership with organizations in northeast Illinois that support or provide homeless, health care, medical, or social services to persons and families in need. When you request or receive services, New Moms collects information about you and members of your household that may be shared with other HMIS partner organizations. You may request a current list of participating HMIS partner organizations from New Moms or review the current list at <http://www.suburbancook.org>. The Alliance may add new HMIS partner organizations to the list and share your information with them based on the sharing preferences you choose below.

How do I benefit by providing the requested information and sharing it with other organizations?

By sharing your information with other partner organizations, you will help them identify other services or programs you may be eligible for and better coordinate services for you and your household.

How will my information be protected?

Your information is entered into a computer program that is protected by passwords and encryption technology. Each partner organization must sign an agreement to maintain the security and confidentiality of your information. Any person or partner organization that violates the agreement will have their HMIS access terminated and may be subject to further penalties.

How will my information be used?

- **Regardless of which option you choose below**, your information may be used for statistics and research, such as reports on the number of persons that are homeless or at risk of homelessness. This helps to document the need for services and obtain funding necessary to better serve homeless persons. Your name, social security number or other identifying information may be used to match records but will not be used directly in the research unless you sign a separate consent. Your information may be used by the Alliance and its designees for administrative purposes (for example, to assist us by checking for data errors and identifying your potential eligibility for services).
- **Additionally, I choose to share the following level of information with other HMIS partner organizations (select one):**
 - Profile Plus:** My Primary Identifying Information including Name, Date of Birth, Social Security Number (or ITIN), Illinois Recipient Identification Number, Gender, and Veteran Status, as well as General Client Information such as Ethnicity/Race, Residence Information, Household Relationships, Housing Status, Income, Assessment Date, information on Services provided, and intake photo (if applicable).
 - Profile Only:** Only my Primary Identifying Information including Name, Date of Birth, Social Security Number (or ITIN), Illinois Recipient Identification Number, Gender, Veteran Status, Household Relationships, Housing Status, and intake photo (if applicable).
 - I do not agree to share any of my information with any HMIS partner organizations other than [Agency Name or the Agencies listed above].

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I UNDERSTAND THAT:

- This consent form expires in [three (3)] years, meaning that any information collected after that time will require an updated consent form before that information will be shared.
- I have the right to revoke this consent at any time by writing to New Moms. However, the revocation will not be retroactive to any information that has already been shared.
- New Moms will not share information about the diagnosis or treatment of any specific medical condition, a mental health disorder, drug or alcohol disorder, HIV, AIDS, or domestic violence concerns with other HMIS partner organizations without my consent.
- The specific ways in which New Moms may use or share my information are stated in its Notice of Privacy Practices, which is posted in the New Moms Oak Park office classroom and <https://newmoms.org/housing/> and I may request a paper copy. The terms of this Notice may change, and I may obtain a revised copy of the Notice from New Moms
- I have read or New Moms has summarized the information in the Notice of Privacy Practices.

Printed Name(s) (including minor children)

Signature of Consumer or Guardian

Date

Signature of Agency
Witness

Date