

UNITY HMIS Client Consent Form



Agency Name: _____

Program: _____

Client's Full Legal Name (Print): _____

I know that this agency is part of the UNITY for the Homeless Continuum of Care Homeless Management Information System (UNITY HMIS). UNITY HMIS is a system that uses computers to collect information about homelessness in order to help pay for services to people who are homeless.

With this written consent, _____ a UNITY HMIS Participating Agency that offers me services may enter, see and update information about me and my children including demographic information such as name, birth date, gender, ethnicity, race, and housing, domestic violence, financial, educational, medical, and military/veteran status,

Only agency staff members who have signed the UNITY HMIS confidentiality agreement will be allowed to see, enter or use information kept in the UNITY HMIS system.

This agency will never give information about a person to anyone outside this system without the person's written authorization, or as required by law through a court order.

My decision to sign or not sign this consent document will not be used to deny outreach, shelter or housing services.

I may withdraw the consent except for information that has already been given out or actions already taken, by informing the agency in writing that I want to withdraw my consent.

I have a right to see my UNITY HMIS record, ask for changes, and to have a copy of my record from this agency upon written request.

Client Signature Date

Agency Witness Date