

Sonoma County Continuum of Care Coordinated Entry System
CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION



Overview: The Sonoma County Homeless Coordinated Entry (CE) System provides a single access point to shelter and housing programs throughout the county, which reduces the work families and individuals must do to locate housing or shelter and move out of homelessness.

Use of Confidential Information: The purpose of this Release of Confidential Information consent form is to allow the CE System to use your information to help with housing/shelter placement and provide support services. We will share information with homeless service providers, verbally or in writing, when we are helping you to find housing or other desired services. If housing resources become available, you will be notified about the referral(s) being made. Your information will be entered into the Homeless Management Information System (HMIS), a confidential HIPAA compliant online database. Your unidentifiable information may also be used for research purposes.

*(**Note** If you ever have reason to believe your confidential information in HMIS has been misused, you should immediately contact the Sonoma County HMIS Coordinator by emailing Daniel.Overbury-Howland@sonoma-county.org or calling the Community Development Commission at (707) 565-7500)*

Disclosures and Period of Enforcement: The release you are signing will be in effect for a period of three years from the date of signed authorization by you. Signing this form is voluntary and your records won't be shared without this authorization. You have a right to receive a copy of this authorization and have been offered a copy. Should you refuse to sign this consent, you and your family may not be refused service, however by allowing the homeless providers you work with access to this information, a more relevant case plan will be created to assist with placement to any eligible homeless services programs. Enrollment into the CE System does not guarantee shelter and/or housing placement.

You have the right to revoke (take back) this authorization verbally, or by sending a signed notice to the Sonoma County HMIS Administrator: 1440 Guerneville Road, Santa Rosa, CA, 95403 or via e-mail at Daniel.Overbury-Howland@sonoma-county.org; or call (707) 565-7500. Revocation will take effect the day it is received, but will not affect any disclosure Coordinated Entry staff previously made.

Provisions of this Release of Information: By providing my consent I am allowing the Coordinated Entry System and partners to provide coordinated case management for shelter/housing placement and/or services.

I, _____, (full name) and/or _____ (alias) on this day of _____, as head of my household, I authorize the Sonoma County Coordinated Entry System to collect and share the following with HMIS Participating Providers and other agencies participating in CE to whom I have been or may be referred to for housing, shelter or other homeless service:

- Demographics including full name, DOB, SSN, Race, Ethnicity
- Confidential information gathered during the Sonoma County VI-SPDAT assessment process (including health, personal finance information and homeless history)
- Confirmation of participation and certain information in related mental health or physical health programs for the purpose of determining program eligibility
- Shelter and/or housing program(s) preference
- The date of enrollment in the Coordinated Entry System

The list of Sonoma County Homeless Service Providers who may have access to your information is below. Additional agencies may join the Coordinated Entry system at any time and upon request, you will be provided a current list of those partner agencies.

**Sonoma County Continuum of Care Coordinated Entry System
 CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION**



Bucklew Programs	Interfaith Shelter Network	Sonoma County Housing Authority
Beacon Health Strategies	Legal Aid Sonoma County	Social Advocates for Youth
Catholic Charities of the Diocese of Santa Rosa	Petaluma Health Centers	Sonoma County Behavioral Health (Mental Health and drug & Alcohol Services)
Cloverdale Community Outreach	Petaluma People Services	Sonoma County Public Health Services
Committee on the Shelterless	Reach for Home	Sonoma Overnight Support
Community Action Partnership	Red Cross	The Living Room
Community Support Network	Redwood Gospel Mission	Veteran's Resource Centers of America
County of Sonoma Human Services	Saint Vincent de Paul	Volunteer Center of Sonoma County 2-1-1
Drug Abuse Alternatives Center	Santa Rosa Health Centers	West County Health Centers
Face to Face	Sober Sonoma	West County Community Services
Family Justice Center		

COORDINATED ENTRY SYSTEM RELEASE OF LIABILITY

I(We) _____ and _____ understand that participation in Coordinated Entry System is on a voluntary basis. I(We) do hereby release Coordinated Entry System and its partnered agencies from any liability from any injury, accident, vandalism or theft that may occur during my(our) enrollment in Coordinated Entry. The release includes all family members listed below:

My signature below signifies that I(we) understand and agree to this release which is valid through exit of CE.

SIGNATURE OF HEAD OF HOUSEHOLD

DATE

SIGN BELOW IF AGREEING TO BE ENROLLED AND ASSESSED

My signature (or mark) indicates that I have read (or been read) the information provided above, have had all my questions satisfactorily answered and agree to provide information for the purpose of enrolling in the Sonoma County Homeless Coordinated Entry System.

Information that the agencies on this form share with each other may be re-disclosed by the recipient. I understand that sometimes re-disclosure is allowed by law and my information may no longer be protected by confidentiality laws; for example if I allow disclosure to a family member.

I certify that this request has been made freely, voluntarily and without coercion and that the information given above is accurate to the best of my knowledge.

I hereby provide my consent to collect data for ultimate entry into the Sonoma County Homeless Management Information Form Yes No

SIGNATURE OF HEAD OF HOUSEHOLD

DATE