Blue Ridge Continuum of Care (CoC)
Authorization for Release of Information

When you request or receive services from **Bradley Free Clinic** (agency), we collect information about you and your household that is entered into a computerized database called Blue Ridge Homeless Management Information System (BR-HMIS). Some data from BR-HMIS is then exported regularly to a statewide database called the Homeless Data Integration Project (Virginia HDIP) that is run by the Virginia Department of Housing and Community Development (DHCD). The above-listed agency and other area agencies that provide services to people who are homeless or at risk of homelessness use this information to identify services and resources that may be of interest to you. This information is also used to improve service coordination and to produce reports. This form is provided for you to give your permission for your information that is entered in BR-HMIS to be shared with Partner Agencies in BR-HMIS and in the statewide Virginia HDIP. Below is a description of the information that is being collected, how it is shared (with your permission), the purpose for sharing, and how your information is protected.

What information is collected?

Depending on your situation, you may be asked for some or all of the following for you and your household:

- Basic identifying information (examples: name, SSN, DOB, driver's license number, date of birth);
- Demographic information (examples: gender, race, ethnicity, veteran status, disability status, household relationships);
- Housing information (examples: prior housing, homeless status, reasons for homelessness);
- Income & Benefit information (examples: sources and amounts of household income, enrollment in benefit programs, employment information); and
- Health-related information (examples: mental and physical health conditions, substance abuse history, HIV status).
- We may add photo(s) of you and any minors for whom you are legally responsible to BR-HMIS and print photo ID card(s) that can be scanned for services at Partner Agencies.

How is information protected?

- Partner Agencies must abide by relevant state or federal laws protecting client data;
- BR-HMIS Policies and Procedures establish additional protections for client data including requirements for hardware, software, security, confidentiality, and training;
- Data is entered into BR-HMIS via a secure and encrypted internet connection; and
- BR-HMIS data is encrypted and stored in a secured facility.

Why is information collected and how is it used or disclosed?

- To better assess your needs and the needs of others in the community;
- To make it easier for clients to receive services from several agencies;
- To track whether your needs, and the needs of others, are being met;
- To improve the quality of care and service for people who are homeless or at risk of homelessness;
- To better provide or coordinate services among local service providers;
- To perform functions related to payment or reimbursement of services;
- To carry out administrative functions (such as legal, audits, personnel, oversight, and management functions); and
- To conduct research on issues and programs related to homelessness (either on de-identified (anonymous) data or with parties who have signed an agreement to protect your privacy).

Partner Agencies offer a variety of services of interest to our clients. Connecting these agencies through BR-HMIS makes referrals easier, decreases duplicative intakes through many programs, makes it more convenient for you to access services, and helps determine the extent of homelessness services needed in the region.

More rarely, disclosure of BR-HMIS data may also be permitted:

- As required by law, including in response to lawful court order, court-ordered warrant, subpoena, or summons;
- To avert a serious threat to health or safety; or
- As required by law, to report abuse, neglect, or domestic violence to a governmental authority.

How is information shared?

- If you authorize this Release of Information, your record (and those of any minors for whom you are legally responsible) will be made available to Partner Agencies. If you choose not authorize sharing of your information, only limited information will be made available to Partner Agencies in BR-HMIS for the purpose of ensuring your record is not duplicated. However, your specific interaction with this Agency will not be available to other Partner Agencies.
- Once this Release of Information expires, your information will not be shared with Partner Agencies, but will be retained indefinitely by the originating agency and the BR-HMIS administrator (Council of Community Services).
- Other agencies that do not use BR-HMIS may access your information if they sign an agreement to protect your privacy. At any time, you may revoke your permission and this will prevent further sharing with all Partner Agencies.
- Virginia HDIP shares limited data only with agencies in CoCs in Virginia where you have already received services.
- This policy may be amended at any time. Amendments may affect information obtained before the date of the change.
- You may obtain a copy of the information we have about you and any minors for whom you are legally responsible (unless we are unable due to legal proceedings), as well as request corrections be made to your information.
- A current list of Partner Agencies and the requirements for participation is available by request from BR-HMIS, and online at: https://councilofcommunityservices.org/hmis-participating-agencies/
- If you have questions or complaints regarding the privacy or security of your information, you may write directly to: Blue Ridge HMIS, 325 Campbell Ave SW, Roanoke, VA 24016 hmis@councilofcommunityservices.org

Consent

Please review all of the preceding statements, and provide your signature and check each box below that you agree with.

❑ **I do...**
❑ I do not...
...authorize the sharing of my information by **Bradley Free Clinic** (agency).

❑ **I do...**
❑ I do not...
...authorize the sharing of my information between all Partner Agencies within the Blue Ridge Continuum of Care's Coordinated Entry system, to maximize opportunities for care coordination.

❑ **I do...**
❑ I do not...
...authorize the sharing of my information with agencies using the statewide HDIP database, to further maximize opportunities for care coordination.

Signature of Client or Guardian	Date
Printed name of Client or Guardian	Date of Birth
Signature of Agency Witness	Date
Printed Name of Agency Witness	Expiration Date (7 years from start)

Blue Ridge Continuum of Care (CoC)
Authorization for Release of Information - Family Consent Addendum

Please specify a head of household, and the names and dates of birth for any and all minor children for whom you are legally responsible, below.

Head of Household
Please review all of the preceding statements and provide your signature if you agree.

Signature of Head of Household	Date
Printed Name of Head of Household	Date of Birth
Signature of Agency Witness	Date
Printed Name of Agency Witness	Expiration Date (7 years from start)

Minors' Names and Dates of Birth (please print):

Name	Date of Birth
Name	Date of Birth
Name	Date of Birth

(more listings on the next page)

Name	Date of Birth
Name	Date of Birth
Name	Date of Birth
Name	Date of Birth
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