



# 3 County Homeless Services Continuum of Care Organization:

## Release of Information

### We need your permission to collect and share certain personal information.

We collect personal information for a few key reasons.

1. To help you find housing, employment, and other types of assistance.
2. To help us assess and improve our services.
3. To meet the requirements of state and federal funders.

We share personal information about you for two reasons.

#### 1. Coordinated access to housing

We share information with other agencies, verbally or in writing, when we are helping you to find housing and other desired services. We ask you to complete a Coordinated Assessment form, which also might be shared.

#### 2. HMIS

We share your information electronically when we enter it into **HMIS** (Homeless Management Information System). We use HMIS for data reports to funders and others. We also use it to help coordinate your services.

HMIS data is shared with the MA Department of Housing and Community Development, who oversees the HMIS. It is shared with the 3 County Continuum of Care Lead Agency, who produces homeless reports for the region. MA DHCD and the CoC never report on your individual data. We only report "summary" or "aggregate" data.

## Authorization

### I authorize [Organization] to share information about me for these reasons.

Please check each item that applies.

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#### Coordinated access to housing

My case management and Coordinated Assessment information may be shared verbally or in writing with agencies participating in the 3-County Coordinated Entry System. A current list of participating agencies is located at [this link](#).

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#### HMIS data entry and reporting

My information may be shared electronically in HMIS. This includes my name, social security number, and date of birth. It also includes other information listed below.

I understand that basic shelter services cannot be withheld if I do not sign this form.

I understand that I may withdraw my permission to share information at any time, by submitting a written request to this organization.

This authorization is good for one year or until I withdraw it in writing.

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Your name (print)

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Signature

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Witness name

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Signature

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Date

**HMIS data includes:**

- Name
- Date of Birth (DOB)
- Social Security Number (SSN)
- Gender
- Ethnicity
- Race
- Veteran Status
- Disability Information
- Recent homeless history

**For housing programs & youth programs, data collection also includes:**

- Work and income information
- Education information
- Housing history
- Health information

This organization has a **Privacy Policy** and an **HMIS Grievance Policy**.

The grievance policy describes what you can do if you have a complaint about how your personal information is used.

A copy of the policies is available upon request.