

APPENDIX G

AL-501 CoC Client Release of Information and Sharing Plan

Agency Authorized to Share: _____

This Agency collects information about people who apply for services. When we meet with you, we will ask you information about you and your household. We will put the information into a computer system called the Program Management Information System of the Southeast ("PromisSE" or "HMIS"). The information that we collect allows us to work with other Participating Agencies (agencies that use the HMIS) in Alabama and Florida to help you, to coordinate your case management, and to reduce the number of times that you have to re-tell your story or repeat your information.

Choose ONE of the following sharing options by initialing next to your choice:

Option 1:

This option allows the most information sharing, and therefore the most coordination of services and the least duplication of efforts in order to serve you.

- Your **basic information** will be shared with all agencies using the HMIS. Basic Information includes your name, date of birth, social security number, program enrollments, case managers, military background (veteran status) and photo.
- Your **detailed information** will be shared with agencies in Mobile and Baldwin counties, and includes the other information that you choose to share with us, including your healthcare and drug treatment information.

Please see the AL-501 CoC Sharing Plan (or "Sharing Plan") for a complete list of the information shared, and the local agencies with which it is shared. The agencies who participate in the Sharing Plan may change from time to time, but you can always obtain the most recent copy of the Sharing Plan from the Agency upon request.

_____ I authorize the Agency to share my Basic Information among all Participating Agencies, and to share my Detailed Information with local agencies.

Option 2:

Under this option, **only** the Participating Agencies that you list below will be able to see your Detailed Information, including your healthcare and drug treatment information.

_____ I authorize the Agency to share my Detailed Information with **ONLY** the following Agency(s):

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Option 3:
Under this option, your information will not be shared, and you will not be denied access to services because you choose not to share.
_____ I do not authorize the Agency to share my information.

Notice Regarding Disclosure of Healthcare and Drug Treatment Information

If you choose to share your information under Option 1 or Option 2 of this release, the shared information may include information about your physical and mental health, communicable diseases and venereal diseases such as, hepatitis, syphilis, gonorrhea, tuberculosis, HIV/AIDS, and your drug and/or alcohol abuse and treatment history. If you do not wish to share this information, you should choose Option 3, which states "I do not authorize the Agency to share my information." If you choose to authorize sharing, we will only share your healthcare and drug treatment information according to the sharing option that you choose on this form.

I understand that this Release will remain in effect for five (5) years, after which, I will need to sign a new release if I wish to continue sharing my information. I can revoke this release at any time before it expires by notifying the Agency in writing. I understand that I can refuse to provide any information that is requested from me and that I will not be denied services based on my refusal to answer a question, unless the answer is necessary to determine if I am eligible for the service(s). I have had an opportunity to ask questions about *HMIS*, and I may review a copy the AL-501 CoC Privacy Policy, AL-501 CoC Privacy Notice to Clients, and the Sharing Plan upon my request. No one has offered me anything in exchange for signing this document. I have read it, I understand it, and I sign it under my own free will.

Client Printed Name

Client Date of Birth

Client Signature

Client Social Security Number

Date

Please list authorized dependents included in the sharing option chosen above.
You may use the back of this page if you need additional space.

Dependent Name

Dependent Date of Birth

Dependent Name

Dependent Date of Birth

Dependent Name

Dependent Date of Birth

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AL-501 CoC Sharing Plan

- 1) **Option 1:** If you choose this option, your Basic and Detailed Information will be shared as follows:
- A. **Basic Information** - The following information will be shared with Participating Agencies in Alabama and Florida.
 - a. Name
 - b. Date of Birth
 - c. Social Security Number
 - d. Program enrollments
 - e. Case Manager(s)
 - f. Military background (veteran status)
 - g. Photo
 - B. **Detailed Information** – In addition to the Basic Information listed above, the information below is considered Detailed Information, which will be shared with Agencies located within Mobile and Baldwin counties.
 - a. Case Plan (goals, action steps, and case notes)
 - b. Communicable and venereal diseases (hepatitis, syphilis, gonorrhea, tuberculosis, HIV/AIDS)
 - c. Demographic information (race, gender, and ethnicity)
 - d. Disability information (including chronic health condition(s), developmental, drug and/or alcohol abuse, HIV/AIDS, physical and mental health)
 - e. Drug and/or alcohol abuse and treatment history
 - f. Educational attainment
 - g. Employment history
 - h. Health Insurance (sources)
 - i. Household members
 - j. Incidents and Bans
 - k. Income (amounts and sources) and non-cash benefits (amounts and sources)
 - l. Living situation, housing history, and circumstances of need
 - m. Risk factors
 - n. Services (requested and received) and Referrals
- 2) **Option 2:** If you choose this option, then your Detailed Information will only be shared with the Participating Agencies you list in the ROI or check below.
- 3) **Option 3:** If you choose this option, none of your data will be shared.

Participating Agencies:

- | | |
|---------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> AltaPointe Health Systems | <input type="checkbox"/> Mobile Area Interfaith Conference |
| <input type="checkbox"/> Sybil Smith Family Village | <input type="checkbox"/> McKemie Place |
| <input type="checkbox"/> Family Promise of Mobile | <input type="checkbox"/> Salvation Army of Coastal Alabama |
| <input type="checkbox"/> Franklin Primary Health Center | <input type="checkbox"/> Volunteers of America Southeast |
| <input type="checkbox"/> Front Porch Ministries | <input type="checkbox"/> Waterfront Rescue Mission |
| <input type="checkbox"/> Housing First, Inc. | |