

HEART OF TEXAS HMIS

HOUSEHOLD RELEASE OF INFORMATION FORM ROI

Purpose:

The Heart of Texas HMIS is a network of organizations committed to improving service delivery to people in need. By giving your consent to release your client information and information on members of your household to the HEART OF TEXAS HMIS network, you are agreeing to participate in the HEART OF TEXAS HMIS Continuum of Care program and allow the HEART OF TEXAS HMIS organizations to share and manage this information in an effort to coordinate and improve delivery of needed services, and to avoid duplication in providing basic intake information.

Consent:

This release includes all partners of the HEART OF TEXAS HMIS network.

I, _____, give my permission to allow HEART OF TEXAS HMIS organizations and their staff to release and receive client information about (choose one:) **me** or **the client, and members of the household** in order to determine eligibility for various programs and to coordinate the delivery of services. I also give permission for HEART OF TEXAS HMIS to obtain information which may determine **my** or **the client's** and the household's eligibility for available services and programs. I understand that the information I provide during intake, interviews, and all other correspondence with any HEART OF TEXAS HMIS organization may be shared with other HEART OF TEXAS HMIS partners for the purpose of service delivery.

I also understand that the information I provide, as well as information about the services I and my household receive, will be kept confidential by all HEART OF TEXAS HMIS organizations as required by law. I further understand that any information I provide may be used for statistical purposes by the HEART OF TEXAS HMIS network and/or any or all of its partner organizations, and that HEART OF TEXAS HMIS and its partner organizations will maintain the confidentiality of any and all personally identifiable information as required by law.

I understand that this consent is effective for three years from the date in which it is signed. Furthermore, I understand that this consent can be revoked at any time by completing a release withdrawal form at any HEART OF TEXAS HMIS agency requesting revocation of my consent. This ROI is agency specific. Therefore one will need to be completed for each HoT HMIS participating agency from which I receive services.

I understand that this release is optional, and that I and my household can still apply for and receive services, provided **I am** or **the client is**, and the household members are eligible, without signing this form. I understand that if I choose not to sign this form, the information will be entered into the HEART OF TEXAS HMIS system in a manner that will allow no other agency to access these client records. I understand that this information will, however, be used for statistical reporting purposes, in a non-identifying manner.

I have read, understand, and voluntarily consent to the release of **my** or **the client's**, and members of the household information to HEART OF TEXAS HMIS partners:

Client (or legal guardian) Signature

Date

Client Social Security Number

Relationship to client (if applicable)

HEART OF TEXAS HMIS Agency Employee Signature

Date

Check here if verbal consent received. HEART OF TEXAS HMIS Agency Employee must sign and date above.

HEART OF TEXAS HMIS

PARTNER ORGANIZATIONS

Following is a list of the current HEART OF TEXAS HMIS Partner Organizations.
Your information may be shared with the agencies listed below:

- Acts Storehouse
- Caritas of Waco
- Church of the Open Door
- City of Waco
- Compassion Ministries
- Co-partners for Christ
- The Cove
- Doris Miller Department of Veterans Affairs Medical Center
- Economic Opportunities Advancement Corporation (EOAC)
- Family Endeavors
- Hands of Mercy
- Heart of Texas Goodwill Industries
- Heart of Texas Region Mental Health Mental Retardation (MHMR)
- Mission Waco
- Prosper Waco
- The Salvation Army
- Second Missionary Church
- Sunny Day
- Waco ISD
- Other _____