

Nevada Community Management Information System/ Homeless Management Information System (CMIS/HMIS)

Client Consent for Data Collection and Release of Information

What is the CMIS/HMIS?

The CMIS/HMIS is a data system that stores information about people currently residing in Nevada regardless of homelessness status and is managed by Bitfocus, Inc. ("Bitfocus") for the Continuums of Care (CoCs) in the state of Nevada.

The purpose of the CMIS/HMIS is to improve access to available housing and/or services that support people who are Nevada residents, the homeless or at risk of homelessness, while meeting requirements of funders such as the U.S. Department of Housing and Urban Development (HUD).

What is the purpose of this form?

With this form, you can give permission to have information about you collected and shared with Partner Agencies that help provide housing and services. A current list of Partner Agencies is available at <https://nvcmis.bitfocus.com>.

BY SIGNING THIS FORM, I AUTHORIZE the sharing of CMIS/HMIS information with Partner Agencies. The CMIS/HMIS information shared will be used to help me get housing and services. It will also be used to help evaluate the quality of housing and service programs. I understand that the Partner Agencies may change over time, but all partner agencies will use CMIS/HMIS data for permitted uses..

The information to be collected and shared may include:

- Name, date of birth, sex,, race, ethnicity, social security number, phone number, address
- Basic medical, mental health, substance use, and daily living information
- Housing Information
- Use of crisis services, veteran services, hospitals and jail
- Employment, income, insurance and benefits information
- Services provided by Partner Agencies
- Results from assessments
- My photograph or other likeness (if included)

BY SIGNING THIS FORM, I UNDERSTAND THAT:

- Bitfocus and Partner Agencies will keep my CMIS/HMIS information private using strict privacy policies. I have the right to review their privacy policies.
- I can receive a copy of this Consent and the Client Information Sheet
- My CMIS/HMIS information will be used to help evaluate the quality of social services provided by Partner Agencies.
- My CMIS/HMIS information may be viewed by auditors or funders who review work of the Partner Agencies, including HUD, The Department of Veteran Affairs, and The Department of Health and Human Services. I understand that the list of auditors and funders may change over time but that all auditors or funders will only use the data in CMIS/HMIS to evaluate system/program outcomes and/or system/program compliance.
- My CMIS/HMIS information may be shared to coordinate referral and placement for housing and services.
- My CMIS/HMIS information may be further shared by the Partner Agencies to other agencies for care coordination, counseling, food, utility assistance, and other services.
- My CMIS/HMIS information may be used for research; however, my identity will remain private.
- My CMIS/HMIS information may become available to Local, state or federal law enforcement ONLY with a court order or court issued subpoena for the purpose of criminal investigations, or immigration enforcement.
- If I am a parent or guardian of a minor under the age of 12 within my household, I must provide consent for their information to be entered into CMIS/HMIS.
- This Consent will expire 3 years from my last signed Client Consent for Data Collection and Release of Information. Verbal consent will expire within 3 months of when provided.

I may revoke this Consent earlier at any time by returning a completed Revocation of Consent form, available at <http://nvcmis.bitfocus.com/>, to the Partner Agency or nevada@bitfocus.com.

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- The revocation will take effect upon receipt, except to the extent others have already acted under this Consent.
- I may refuse to sign this Consent. If I refuse, I will not lose any benefits or services.

Refusing Consent and De-Identification of Information

If you refuse consent to have your information shared with Partner Agencies, the following information will be entered into the system for your profile and will be deemed as anonymous or “de-identified”.

1. Your Social Security Number will be entered as all Xs and the Social Security Number Data Quality field will be set to Client Refused;
2. Your Date of Birth will be entered as 01/01/[year of birth] and the Date of Birth Data Quality field will be set to Approximate or Partial DOB Reported;
3. Your First Name will be entered as Anonymous;
4. Your Last Name will be entered as the Unique Identifier automatically assigned by Clarity Human Services; and
5. The Name Data Quality field will be set to Client Refused.

FOR AGENCY USE ONLY:

Client Opted Out (Refused Consent) _____ (Staff/Agency Initials)

Witness Staff & Agency

Date

SIGNATURE:

Signature of Patient/Client or Representative

Date

PRINTED NAME

Name of minor under the age of 12, if applicable