

THE SALVATION ARMY SOCIAL SERVICES

MSHMIS Client Release of Information

This form is about the Michigan Statewide Homeless Management Information System. We call this MSHMIS. Many shelters and other helping programs use the MSHMIS system. The MSHMIS System keeps information about clients that get help here.

The information you give may also be used by other agencies in the system, but first you must agree to share information, before sharing can occur. Sharing information will help reduce the paperwork you would have to fill out at other agencies. It will also allow agencies to work together to help you.

When I sign below, it means:

- I was told about the MSHMIS System and I received a copy of the Privacy Notice. I know there are both benefits and risks when I agree to share my information.
- I know that the only information other agencies can see without my permission are my name, year of birth, gender, veteran status and the last 4 digits of my Social Security number. My personal information lets other agencies know that I have been helped by an agency in the system. It does not identify which agency or what services I received.
- I know that there is a list of all the agencies in the MSHMIS System that I can find on the Internet at www.mihomeless.org. These agencies must follow strict privacy laws. The agencies in the system may change from time to time.
- There may be a reason why sharing my name, year of birth, gender, veteran status or partial Social Security Number on the open part of the system may put me or a family member at risk. If that is true, I have **initialed** below which information should **NOT** be shared.

Name, Year of Birth, Gender, Veteran Status: _____ Partial SS#: _____.

- *I know that if I have already received services from an organization using the System and I have left my name visible, I will have to ask that organization to close my "Profile/Name". The name is usually left visible in our System to allow us to better coordinate services.*
- I agree, by **initialing** the "Yes" below, that *additional information* may be shared with other agencies. *Attached is a description of the information shared. A list of participating agencies is available upon request.* The agencies that participate in the sharing may change from time to time. Sharing allows other agencies to do a better job helping my family and me. I know my decision to share or not to share additional information will last until the "apply until" date identified below.

Yes: _____ No: _____

Please Initial

- I know that no restricted information about my health, medical needs, mental health or domestic violence can be shared unless I sign a separate agreement.

Signature: _____ Date: _____

Printed name: _____

Guardian signature: _____ Relationship: _____

This release will apply for **1 year** following the signature date.

Consent for Release of Confidential Information

(Domestic Violence, Substance Abuse, HIV/AIDS, Mental Illness or Physical Limitations)

I, _____, authorize

The Salvation Army Social Services to disclose to the agencies participating in this coordinated services sharing agreement:

- MSHMIS Coordinated Services Agreement QSOBAA for the Kent/Grand Rapids Continuum of Care

The purpose of the disclosure authorized in this consent is to coordinate care between agencies.

- I understand that my treatment records are protected under state and federal regulations governing confidentiality of patient records.
- The regulations are the Federal Law of Confidentiality for Alcohol and Drug Abuse Patients, (42 CFR, Part 2) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR, Parts 160 & 164.
- The records cannot be shared without my written consent except as provided for in the regulations.
- I also understand that I may end this consent.
- I understand that there may have been information shared and services provided based on this consent when it was in effect. Ending this consent cannot change that.
- I understand that any notice to end this consent must be in writing.
- This consent will automatically expire one year from the date signed below.

I understand that, in general, The Salvation Army Social Services may not condition my treatment on whether I sign a consent form, but in certain limited circumstances I may be denied treatment if I do not sign a consent form.

Date: _____

Signature

Signature of parent, guardian, or authorized
Representative (when required)

The Salvation Army Social Services

DESCRIPTION OF WHAT IS SHARED AND WITH WHOM

The MSHMIS Client Release Form authorizes the following information to be routinely shared using the MSHMIS to better help my family or me:

<i>Client Profile:</i> (Name, Birth Year, Gender, Veteran Status, Last 4 Digits of the SS#)	<i>Entries/Exits:</i> Dates of services that agencies have provided for my family/household
<i>Client Demographic Information:</i> DOB, Gender, Ethnicity, Race, Homeless and Housing Status, Prior Living Situation, Zip Code of Last Address, Disabilities (disclosed only with additional signed release)	<i>Housing Program Intake:</i> (if seeking assistance from a housing program) income and non-cash benefits details, household details, back-rent, utilities or bills owed, eviction history, employment status, health conditions (disclosed only with additional signed release), risk factors for homelessness, picture ID and homeless certification
<i>Service Transactions:</i> A list of services that agencies have provided for my family/household	<i>Client Referrals:</i> Used to link me or my family with other agencies that may be able to help us.
Direct MSHMIS Assessments Shared: Kent/GR HARA Prescreening Assessment, Kent/GR HAP - HUD CoC and ESG Entry/Exit, MSHMIS Street & Shelter Intake, MSHMIS Universal Data Element Intake, Universal Data Elements for AmeriCorps, VI-SPDAT, MSHMIS RRH & Prevention Intake, MSHMIS Exit, MSHMIS Update, Client Demographics Assessment	

The MSHMIS Client Release Form authorizes the following agencies to share information in order to better help my family or me:

1. 3:11 Youth Housing
2. Area Community Services Employment and Training Council (ACSET)
3. Arbor Circle
4. Community Rebuilders
5. Degage Ministries
6. Dwelling Place of Grand Rapids Nonprofit Housing Corporation
7. Family Promise of Grand Rapids
8. Genesis Nonprofit Housing Corporation
9. Grand Rapids Housing Commission
10. Grand Rapids HQ
11. Grand Rapids Urban League
12. Guiding Light Mission
13. Heartside Ministry
14. Inner City Christian Federation
15. Kent County

16. Mel Trotter Ministries
17. Network180
18. Pine Rest Christian Mental Health Services
19. The Salvation Army Social Services / Kent County
20. Senior Neighbors, Inc.
21. Volunteers of America Michigan
22. Well House