

Client Consent for Information Collection
HIFIS Database Brandon

Client Name (print clearly):

Client Date of Birth:

I understand that this agency is part of the Homelessness Information Partnership Brandon (HIPB). This means data is entered into a computer system, which shares some information about clients and the services they are using in order to help provide better services to people who are experiencing homelessness. I also understand that this information is protected and only those people working at partner agencies that have a need to access personal information are permitted access to it. I am aware that I can receive a list of these agencies and a list of what data is shared upon request. I understand that I have a right to see a copy of my client record, and ask for changes, upon request.

I have been informed and understand that some non-identifiable information may be shared with agencies outside of the Homelessness Information Partnership for reporting or research purposes.

I also understand that the information collected and shared, or my lack of consent to providing or sharing some or this information, may not be used to deny outreach, shelter, housing or other assistance.

I consent to Samaritan House sharing any personal information, including personal health information, with other partner agencies for the purpose of providing services to me, evaluating programs, and research and planning for the homelessness system.

Client Signature:

Date:

Staff Name (print clearly):

Staff Signature:
