NORTH DAKOTA CONTINUUM OF CARE

CLIENT INFORMED CONSENT AND RELEASE OF INFORMATION

NORTH DAKOTA CONTINUUM OF CARE

SFN 61878 (04/26)

PERMISSION TO SHARE CONFIDENTIAL INFORMATION TO SECURE NECESSARY SERVICES
Please read the following notice and authorization (or ask to have it read to you) before signing.

This agency participates in the North Dakota Homeless Management Information System (NDHMIS). Agencies that participate in the NDHMIS belong to an Internet-based-based network. This network is administered by the Institute for Community Alliances (ICA).

BENEFITS TO DATA SHARING FOR THE CONSUMER

- Eliminates Duplicate Intakes
- Faster access to the Coordinated Entry System, resulting in receiving services more quickly
- Reduces the amount of time spent answering basic questions regarding your situation
- Allows agencies to focus on meeting your unique service needs
- Reduces the amount of times you tell your story to service providers
- Multiple services can be easily coordinated and streamlined

The North Dakota HMIS ensures the security of its system. Please see below for detailed information on security measures.

Because this network is made up of many service providers in North Dakota, you have the option to share your information with other service providers for whom you might be seeking services. Your identity and information collected in the NDHMIS will be shared, with your written consent, in the network. The NDHMIS includes your demographic information and other essential personal information needed to best determine your service needs.

The computer program used for the NDHMIS has industry standard security protocols and is updated regularly to meet these security requirements. The information you provide will only be shared with this agency, the network, and limited staff of ICA. No personally identifiable information will be shared by our network with any department in the state of North Dakota or the federal government.

Information collected is housed in a secure server located at Bowman Systems™ in Phoenix, Arizona, managed by WellSky™. Limited WellSky™ staff have access to this server and the data for purposes of network support and maintenance. Data collected for the network will be maintained for at least seven years from the last date of service.

The list of agencies participating in the network can be accessed at https://icalliances.org/north-dakota. This list may change.

Please note: If you grant permission for your information to be shared, that agreement will be in effect for one year or until you revoke it in writing. Signing this Release of Information (ROI) with this agency will allow the use and disclosure of your information by all agencies in the NDHMIS, including editing and updating your information as your situation changes. If you receive services from another agency participating in the NDHMIS, you will not need to sign this ROI again to allow the use and disclosure of your information.

You may end your agreement in writing and your personal and service information will no longer be shared from that date going forward. If you do not give permission for this agency to release your information, no other agency in the network will have access to it.

Maintaining the privacy and the safety of those using our services is very important. Your record will only be shared if you give permission. You cannot be denied services that you would otherwise qualify for if you choose not to share information. However, even if you choose not to share your information with other agencies, federal and state regulations may require limited data collection for funding purposes.

TYPE OF INFORMATION TO BE SHARED

- Personal Identifying Information: Name (First, Middle and Last), Social Security Number, Date of Birth, Ethnicity, Gender, Last Residence Information, Veteran Status
- Housing/Program Specific: Entry/Exits, Agency Assessments, Services, Coordinated Entry, Referrals
- Assessment Specific: Income, Non-Cash Benefits, Disability, Domestic Violence

Client Name	Date of Birth

**Other family members can be listed on the back of this form. List Name and Date of Birth.

PLEASE INDICATE YOUR CHOICE REGARDING DATA SHARING

☐ Option 1: I agree to share my and my child/children's above specified information and coordinate services with all participating agencies in the network.

☐ Option 2: I agree to limit my sharing of my and my child/children's above specified information and coordination of services to this agency and the agencies listed below:

Name of Service Agency(s)

☐ Option 3: I agree I do not want to share my and my child/children's above specified information and coordinate services with other agencies.

I understand that signing below relates only to data sharing within North Dakota Homeless Management Information System and does not guarantee I will receive assistance. Alternatively, I understand that I will NOT be denied services if I refuse to consent to data sharing.

Client Signature (if verbal consent was obtained, signature not needed)	Date
Print Name	
Staff Signature	Date
Agency	

☐ Check box if verbal consent was obtained. Note: If verbal consent was obtained, a signature by the client must be obtained on this ROI the first time the client is met with in-person.

HOUSEHOLD INFORMATION

Name	Date of Birth
Name	Date of Birth
Name	Date of Birth
Name	Date of Birth
Name	Date of Birth
Name	Date of Birth