



CITY OF LONG BEACH

CONSENT TO SHARE PROTECTED PERSONAL INFORMATION

The City of Long Beach represent the coordinated system of care working together with organization to improve client progress toward self-sufficiency. The City of Long Beach is the lead organization overseeing the Long Beach Homeless Management Information System (HMIS). The HMIS is a secured data system used to record information about services and housing for individuals and families who are homeless or at risk of homelessness. Organizations that participate in the HMIS shall have access to the information collected. These organizations may include homeless service providers, housing agencies, healthcare providers, governments and other appropriate service providers.

Benefits of Providing Information

The information you provide helps to coordinate the most effective services for you and your household members. By sharing your information, you may be able to avoid being screened more than once, get faster services, and minimize how many times you tell your 'story.' Collecting this information also gives us a better understanding of homelessness and the effectiveness of services in the local area.

Personal Information Protection

The information you provided is protected by the federal HMIS Privacy Standards and is secured by passwords and encryption technology. In addition, each participating organization has signed an agreement to maintain the security and confidentiality of the information. In some instances, when the participating organization is a health care organization, your information may be protected by the privacy standards of the Health Insurance Portability and Accountability Act (HIPAA).

By signing below, you understand and authorize the City of Long Beach and participating organizations sharing of the protected personal information collected for you and household members. Information provided by you may be shared among secured data system, email, telephone, fax, and/or delivery.

The following information shall be shared:

Name	History of Homelessness and Housing	Financial Information
Date of Birth	Veterans Status	Non-cash Information
Social Security Number	Assessment Information	Program Objective & Outcome
Demographic Information (such as gender, race and ethnicity)	Case Manager	Services & Referral Information
Contact Information	Case Notes and/or Client Notes	History of Domestic Violence
Driver's License or ID Number & State	Disability & Medical History Information	Documents Received
Household Composition	Emergency Contact Information	Photo

You may request a copy of the HMIS Privacy Policy to obtain more detailed information about how your information may be used, disclosed, and your rights as a program participant of the organization. Upon request, the HMIS's Privacy Policy will be made available for you.

You understand that this authorization will be valid for seven (7) years from the date the protected personal information was created or last changed. Your consent authorize the City of Long Beach and participating organizations to add or update your information, without requiring you to sign another consent form. You also understand you may revoke your consent at any time in writing. You may request your record at any time in writing, the city will provide your record within ten (10) business day. You have the right to file grievance against the city or any organization whether or not you sign this consent and you are not waiving any rights protected under federal and/or California law.



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SIGNATURE AND ACKNOWLEDGEMENT

By signing below, I have read (or been read) this consent, have received answers to my questions, and I give my consent (including household members) to have my information be entered in the HMIS and to share the information with the City of Long Beach and participating organizations.

Print Name	DOB	Last 4 digit of SSN
YES / NO		
Signature	Date	Head of Household

NAME AND DATE OF BIRTH OF DEPENDENT(S) UNDER 18 YEARS OF AGE)

			YES / NO
Child Name	DOB	Last 4 digit of SSN	Living with you?
			YES / NO
Child Name	DOB	Last 4 digit of SSN	Living with you?
			YES / NO
Child Name	DOB	Last 4 digit of SSN	Living with you?
			YES / NO
Child Name	DOB	Last 4 digit of SSN	Living with you?
			YES / NO
Child Name	DOB	Last 4 digit of SSN	Living with you?

Organization Name	Print Name of Staff
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Signature of Staff	Date
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