



Louisville Continuum of Care



Kentucky Homeless Management Information System (KYHMIS) Client Release of Information Form

Dear Client,

The agency you visited today uses a software system called the Kentucky Homeless Management Information System (KYHMIS) to track and share information about their clients. When you seek services, it is assumed that you are consenting to your information being stored and used in KYHMIS.

While you do have the right to decline to have your information stored and/or shared in KYHMIS, your participation can greatly benefit you. It may help you avoid being screened again at future visits, may help you receive services more quickly, and should minimize the number of times you have to tell your "story" in the future.

All persons accessing KYHMIS have received confidentiality training and have signed agreements to protect clients' information. Agencies must also comply with the KYHMIS Privacy Notice, which is posted for public view at the agency listed below.

As shown by my signature below, I understand and acknowledge that:

- I have the right to decline my information being stored and/or shared in KYHMIS.
- If I decline to have my information stored or shared in KYHMIS, I will not be denied services at this agency or any other participating agency where I am eligible to receive services.
- Unless I expressly decline consent, my information and information about my legal dependents will be shared with other KYHMIS participating agencies. This may include information about the VI-SPDAT score or a disability.
- Agencies participating in KYHMIS have an obligation to keep my personal information and my records confidential, including those of any dependents listed on this form. Once information is released under this consent, the Agency listed below is not responsible for how other participating agencies use it.
- This acknowledgment shall remain in effect for one year from the date of my signature below. I have the right to revoke my consent to use my information in KYHMIS at any time by notifying the Agency below in writing. Revocation will not be retroactive.

Option 1

_____ I acknowledge that Agency will enter and store my information and my dependents' information in KYHMIS and share that information with other KYHMIS participating agencies pursuant to the KYHMIS Privacy Policy.

| First Name | Last Name | Birth Date |
|------------|-----------|------------|
| | | |
| | | |
| | | |
| | | |

Option 2

_____ I consent **ONLY** to Agency entering and storing my information in KYHMIS for use by Agency and as required by law. I do not consent to my information being shared with other KYHMIS participating agencies.

This Form expires one year from the date each Client signs below.

Agency Name: _____

Signature of Client, Guardian, or Power of Attorney **Date**

Signature of Client, Guardian, or Power of Attorney **Date**

Signature of Agency Representative **Date**

| | | |
|--|--------------|------|
| Verbal Consent: To be completed by case manager (only when participant consents but is unable to sign). | | |
| | | |
| I certify that I verbally read this Release of Information Form to the participant and that the participant consents to all of the statements therein. | | |
| Signature | Printed Name | Date |
| X | | |