**NE CoC** **Coordinated Entry System Participant Notice and Consent for Release of Information**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(insert participant’s name), understand that the NE Continuum of Care (CoC) Coordinated Entry System (CES) is a partnership of agencies sharing information to provide a more coordinated homeless response system. I authorize that my information can be shared by the NE CoC CES partners to improve services for me. I also authorize that my information can be viewed by the NE CoC CES - and NE CoC- designated System Administrators for the purpose of system evaluation, which will help improve services offered to me and others in the NE CoC CES region.

By initialing “yes” below and affixing my signature, or, when meeting via phone and agency policy allows, by permitting staff to sign on my behalf, I agree that my information may be shared with other NE CoC CES partners and System Administrators. I understand that agencies participating in CES may change from time to time and that a copy of the current list of agencies is available upon request.

Yes:\_\_\_\_ No:\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_ Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Verbal Consent obtained by phone

Agency Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

**DESCRIPTION OF INFORMATION THAT CAN BE SHARED**

This form authorizes identifying assessment information, incuding but not limited to the items listed below, to be routinely shared in the NE CoC CES to better help me and/or my family.

* Family/Household Information (Names, Date of Birth, Race, Gender)
* Income and Benefits Information
* Education and Employment History
* Housing History and Barriers
* Homeless Status and History
* Veteran Status
* Program and Service Involvement and Contacts
* Health Information, including Physical Health and Behavioral Health (but not Case Records)
* Photo

**INFORMATION FROM NE CoC CES SCREENING AND ASSESSMENT MAY BE SHARED WITH:**

*Not an inclusive listing*

* Social Service Agencies
* Housing Providers
* Veterans Services Offices
* Service Providers
* Shelter Programs
* Housing and Redevelopment Authorities
* Domestic Abuse Agencies

**PURPOSE OF SHARING**

Information from the NE CoC CES screening and assessments will be shared for the purpose of:

* Assessing my program eligibility
* Prioritizing my need for services
* Linking me to the most appropriate services
* Evaluating NE CoC CES program and system performance
* Evaluating for service gaps, needs and duplication in the NE CoC CES

**This authorization is voluntary and strictly for sharing information needed for entering and moving through the Coordinated Entry System and may NOT be used for any other purpose. The information collected, maintained and stored by the Northeast MN Continuum of Care, and shared with service providers, may include records relating to your behavioral and/or mental health, alcohol and drug abuse treatment, HIV/AIDS, and genetics.**

**This information is necessary for determining your eligibility for housing and services. You will not be denied help if you do not want to sign this form or if you do not want to allow CES to share your personal information. You have the right to revoke this authorization at any time by giving verbal or written notice of revocation to the NE CoC CES. Revoking this authorization will not affect any action taken or information shared prior to notice of revocation. You may have a copy of this authorization.**

A copy of this Release of Information and Tennessen Warning or other agency-required Notice of Privacy Practices was provided to me by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (insert staff name) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (insert agency name)

Participant or Guardian/Legal Representative Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_

Staff Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_