CAPITAL REGION HOUSING COLLABORATIVE
MSHMIS CLIENT RELEASE OF INFORMATION & SHARING PLAN

Many Michigan shelters and helping programs use the Michigan Statewide Homeless Management Information System (MSHMIS) to keep information about the people that they help. We collect personal information from you that we need to help us, help you. We have strict rules about sharing your information.

Why do we collect information about you?

- Work with other agencies to help you.
- Help case managers work together for you.
- Connect you with other helping agencies. You may be eligible for other benefits.
- Reduce the number of times you tell your story.
- Allow us to be paid for our work with you and to help us apply for additional dollars that can be used to help you.
- Help us meet our legal obligations.

We need additional identifying information so that you are not confused with someone else. We also need to learn more about your situation to make sure you are eligible for services.

SECTION 1 – Basic Identifying Information

So that agencies that use our MSHMIS system can find your record, agencies can see the following basic identifying information about you:

- Your name
- Your gender
- The last four digits of your Social Security Number
- Your year of birth
- Your veteran status

We use this information to select the correct record and to better coordinate services for you. All persons using MSHMIS are trained and certified in privacy.

If you have a specific reason why other MSHMIS agencies shouldn't be able to find your record in MSHMIS you can ask to have this basic identifying information secured so that only our agency can see it.

PLEASE NOTE: If you have received services from other agencies who use MSHMIS we may not be able to secure this information. PLEASE TALK WITH YOUR CASE MANAGER for more information. A separate document has been attached.

I have reviewed the attached document named **"Securing Basic Identifying Information."**
I understand the implications and I am asking that my client profile be secured.
Do not initial here unless you have discussed this with your case manager
Please initial here to secure this basic identifying information _____

SECTION 2 – Acknowledgement of Rights

Many agencies also use the system to improve services delivered to you. The following are your rights concerning your data. Please review and initial in the box next to **each right to show that you understand it. If you have questions, please discuss them with your case manager.**

____	I have received a copy of the Agency's Privacy Notice/script that explains MSHMIS and my rights and responsibilities. It explains how information is kept and shared through this system.
____	**I understand that the confidentiality of my records is protected by law**. I understand that this agency will never give information about me to anyone outside the agency without my specific written consent through a Coordination of Care Sharing Plan or as required by law, including the Federal Law of Confidentiality for Alcohol and Drug Abuse Patients, (42 CFR, Part 2), the Health Insurance Portability and Accountability Act of 1996 (HIPAA, 45 CFR, Parts 160 & 164 as revised by the Health Information Technology for Economic and Clinical Health Act of 2009 aka the HITECH Act), and certain Michigan laws.
____	I can withdraw my consent to share at any time, but any information already shared with another agency cannot be taken back. If sharing information on the system poses an imminent health or safety risk, I will talk with my case manager.
____	I understand that I have the right to see my information, request changes, and to get a copy of my information by written request. An agency can refuse to change my record but must provide a written explanation of why they refuse the change within 60 days. Agencies may charge for reproducing a record.
____	I understand that agencies included in my Sharing Plan must follow strict privacy guidelines.
____	I understand that my written consent allows the information listed in Section 3 - Coordination of Care Sharing Plan to be shared among the agencies listed in the sharing plan. All sharing agencies where I am receiving services will update that information as I provide new or additional information. The purpose of sharing my information is to better coordinate care for me and my family.
____	I understand that I will not be denied services (emergency assistance, outreach, shelter, housing assistance, etc.) if I refuse to share information in this system.
____	I understand that my name and other identifying information may be used to match records through a trusted partner for academic research purposes or to determine eligibility for other resources. If I am eligible to receive additional resources, my case manager may contact me. None of my additional identifying information outside of my name will be shared with other organizations unless I sign an additional release of information. Prior to academic research being done, my identifying information will be removed, before data analysis takes place.

SECTION 3 – Coordination of Care Sharing Plan

The information (listed below) can be seen by the following agencies to help coordinate your care. These agencies can share your information with each other.

- Advent House Ministries
- Capital Area Housing Partnership
- City of Lansing Human Relations and Community Services Department
- Community Mental Health Authority of Clinton, Eaton, Ingham Counties
- Haven House
- Housing Services Mid Michigan
- Lansing Housing Commission
- Child and Family Charities – Gateway Youth Services Division
- City Rescue Mission of Lansing
- Detroit Rescue Mission Ministries
- Homeless Angels
- Holy Cross Services
- Ingham County Coordinated Entry
- Loaves and Fishes Ministries
- Volunteers of America, Michigan

In addition to the Basic Identifying Information listed in Section 1 above, additional shared information also includes:

Date of birth/age	Gender, race and ethnicity	Additional assessment responses
Household members and relationships	Housing status, homeless history and move-in date	Current Living Situation and General Location
Physical, developmental, and/or mental disability	Coordinated Entry housing assessment and rank/score	Type of health insurance and/or medical assistance
Household income and benefits	Chronic health conditions	Alcohol and/or drug abuse
Military service information	Employment status	Education level
Domestic violence history	Project exit and destination	Project exit assessment
Services and financial assistance with dates	Referrals, service connections, and their outcomes	Location (city, county) and last permanent address
Eviction/loss of subsidy	Registered sex offender status	Contact information
HUD-VASH Voucher tracking	HUD-VASH exit reason	Housing Assessment Screening Tools
Case plans, goals and notes including case conferencing	Eligibility documentation (ID, birth certificate, income verification, etc.)	General health status

Instructions: Check the box next to the statement that you understand and agree to:

I agree to have my information visible to all of the helping agencies listed above.

a. ☐ Yes, I agree to share according to the Coordination of Care Sharing Plan.

b. ☐ No, I do not agree to the Coordination of Care Sharing Plan (only our agency will able to see all your detailed information.

SECTION 4 – Outreach Sharing Plan

We partner with Michigan community programs to see if you might qualify for housing or income supports. **Please read each statement below and circle your response.**

1. **Secretary of State ID Project:** If you don't have a State ID, the Secretary of State is accepting the MSHMIS ServicePoint ID card with an agency referral as initial proof of your identity. To do that, the Secretary of State will need to ensure that your card is genuine by verifying your information with the MSHMIS agency serving you.

   Information that will be shared includes: Name, date of birth and Social Security Number

   Yes - I agree to share my HMIS data for the Secretary of State Project: (circle response): Yes/No/NA

2. **Veteran Affairs:** If you have served in the military, the VA Medical Center may contact you about potential housing. With your permission, they may use the information you give this agency to contact you.

   Information that will be shared includes: Name, date of birth, homeless status, veteran status, military service information, housing history, contact information, chronically homeless status

   Yes - I agree to share my HMIS data for the Veteran's Project: (circle response): Yes/No/NA

3. **MDHHS Income and Benefits:** Income and benefits are important to staying housed. The Michigan Department of Health and Human Services (MDHHS) may assist with obtaining Social Security Income and/or other state benefits, if you qualify. With your permission, they may use the information you give this agency to contact you, if you are eligible for benefits.

   Information that will be shared includes: Name, date of birth, coordinated assessment information, homeless status, housing history, contact information, chronically homeless status

   Yes - I agree to share my HMIS data for the Social Security or other state benefits: (circle response): Yes/No/NA

4. **Coordinated Entry Case Conferencing for Housing Prioritization:** If you are homeless, you may be eligible for housing in our community. We have a housing case conferencing committee made up of representatives from our service providers. To participate in this process, these providers may need to see your information. With your permission, an agency may contact you if your information shows that you may be eligible for local housing services.

   A full list of service providers involved in this process is available on request. A partial list is provided in Section 3.

   Information that may be shared includes: Name, coordinated assessment information, homeless status, chronically homeless status, veteran status, disability, housing case notes and any additional information that may be necessary to connect you with appropriate housing options.

   Yes - I agree to share my information with the housing case conferencing team: (circle response): Yes/No/NA

SECTION 4 – Outreach Sharing Plan (continued)

Sharing Plan to improve outreach to individuals who may qualify for benefits

5. **Housing Legal Services:** If you are homeless or at risk of becoming homeless, you might be eligible for legal services related to landlord tenant relations. With your permission, they will use the information you give this provider to contact Legal Services of South-Central Michigan if you are interested and may be eligible to receive legal counsel. A list of specific agencies involved in this process is available upon request.

   Information that will be shared includes: Name, coordinated assessment information, homeless status, chronically homeless status, veteran status, disability, household income, rental/landlord information, contact information and any additional information that may be used to connect you with appropriate housing options.

   Yes - I agree to share my information with my Legal Services: (circle response): Yes/No/NA

6. **Homeless history:** We may need to document your homeless history throughout the state of Michigan to see if you are eligible for specific community programs. Your case manager may contact the Michigan Coalition Against Homelessness (MCAH, the MSHMIS lead agency) to view data recorded in HMIS to complete a housing history document. With your permission, MCAH will complete the document and give it to your case manager. This document may be uploaded to your client record and shared according to the coordination of care sharing plan.

   Information that will be shared includes: HMIS number, name, and a 3-year statewide homeless history that includes service provider names and dates of service

   Yes - I agree that MCAH may share data with my Case Manager: (circle response): Yes/No/NA

7. **Medicaid Benefits:** If you are already a Medicaid beneficiary or could be eligible for Medicaid, the regional organization responsible to provide you with those benefits or can enroll you for those benefits may contact you about potential healthcare services. With your permission, they may use the information you give this agency to contact you, if you are eligible for benefits.

   Information that will be shared includes: Name, date of birth, coordinated assessment information, homeless status, housing history, contact information, chronically homeless status

   Yes - I agree to share my HMIS data for Medicaid benefits: (circle response): Yes/No/NA

This Release is active for one year effective the date of signature.

Client signature (head of household): _____, Date: _____/_____/_____

Adult Household Member signature: _____, Date: _____/_____/_____

Adult Household Member signature: _____, Date: _____/_____/_____

Adult Household Member signature: _____, Date: _____/_____/_____

Signature of guardian or authorized-representative (when required): _____

Relationship to client: _____ Date signed by guardian/authorized representative: _____