

**Vermont Coalition to End Homelessness (VCEH)  
Coordinated Entry Partnership**

**PERMISSION TO SHARE PERSONAL & HEALTH INFORMATION TO SECURE HELP WITH HOUSING FORM  
GUIDE FOR STAFF/ADVOCATES**

<p><b>Briefly explain what this form is all about:</b></p>	<p>This agreement allows us to share information about you in order to work with other organizations to find you housing. If you choose not to sign this form, we will do the best we can to refer you to the best housing resources but will not be able to coordinate with other organizations directly about the specifics of your situation. I will go over with you what information you wish to be shared and with whom. Only the information that you agree to be shared will be shared. All organizations taking part in this agreement have strict confidentiality standards and will only share what is needed in order to coordinate your housing.</p>
<p><b>Does the client have children in the household?</b></p>	<p>If yes-You have the option of filling out one release for you and your child/children or a separate release for each child. Using separate releases would allow for you to choose to share different information for different household members. <b>Each adult will need a separate release.</b></p>
<p><b>Read the “HOW IT CAN HELP...” section with your client</b></p>	
<p><b>Who will information be shared with?</b></p> <p>Note: Domestic violence agencies do not use HMIS and therefore clients completing this form at DV agencies would not check the VTHMIS data sharing agreement box.</p>	<p>HMIS is a database that homeless services providers use. If you agree to me sharing your information within HMIS here is a list of local partners that participate in this VTHMIS sharing agreement (If desired, show client the VTHMIS list from the website listed) Check the box if you would like me to share your information within HMIS with these organizations.</p> <p>The VCEH Coordinated Entry Partnership is a group of providers in the community working together to provide housing resources to homeless individuals and families. Go through the attached list of organizations (CE Partnership List) with the client. Check the box if you would like me to be able to share information with this list of people.</p>
<p><b>To communicate with and disclose to:</b></p>	<p>This information may be used in determining which housing programs you would be eligible for. Again, only the information that is needed in order to find you housing will be shared. Check these boxes if you would like me to be able to share this information about you.</p>

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<b>Go through each point of information with the client.</b>	
<b>The purpose(s) of the disclosure authorized is:</b>	<p>To determine the services necessary for me- To find out the best housing options and support for you.</p> <p>To facilitate obtaining resources – For example if you need assistance with a security deposit, I can work with other organizations to try to find that for you.</p> <p>To Coordinate and prevent duplication- I will work with other organizations so that you do not have to talk to many different people and do not have to tell your story many times.</p>
<b>By signing this form:</b>	<p>Sign blow if you understand:</p> <p>Why you are being asked to sign this.</p> <p>That you do not have to sign if you do not want to. If you do not sign you can still receive services/support.</p> <p>While we will take every precaution to protect your information and all parties involved in this agreement have signed confidentiality agreements, we cannot control what happens with this information once we disclose it. (Use an example if needed.)</p> <p>Check the following box if you DO NOT agree for your alcohol or drug related diagnosis, treatment or referral for treatment, and HIV status to be disclosed more than once.</p> <p>This release will be active as long as you are receiving housing support from us. If you want to revoke our permission to disclose this information you can call the name and number on this form.</p> <p>I will give you a copy of this form before you leave today.</p> <p>Are there any questions that you have about this form or the way that it will be used that I have not answered?</p>