

Statewide Alaska Homeless Management Information System (AKHMIS)

Client Informed Consent and Release of Information

Purpose of this form:

Your long-term housing, health, and wellness are important. Signing this form allows for your information to be shared in a statewide database referred to as the Alaska Homeless Management Information System (AKHMIS). The purpose of sharing this information is to assist participating organizations in delivering and coordinating needed services. By agreeing to share your information, it will also help State and Federal entities have a better understanding of the needs in Alaska. The basic information you will share is listed below.

An important part of this Release of Information is the principle of "minimum necessary" use and disclosure. When the minimum necessary standard applies to a use and disclosure, an organization will only request personally identifiable information needed to satisfy a particular purpose or carry out a function to benefit you. A participating organization requesting this information must have and implement policies and procedures to reasonably limit uses and disclosures of your information.

If you choose to share your information, the following information, both current and historical, can be shared:

- Basic demographic and personal information, including your photo;
- Level of vulnerability and/or disabling conditions;
- History of housing and homelessness, and services provided to you;
- Referrals made on your behalf;
- Use of crisis or emergency services;
- Organization notes, including incidents and program bans; and
- Organization assessments, including benefits and income you receive.

AKHMIS operates under a strict Privacy Policy detailing the confidentiality of the information within the system and how it can be used and disclosed. Information about the Privacy Policy can be found at: <https://www.icalliances.org/alaska-privacy-governance/>.

Additionally:

- Only aggregate (non-identifiable) data will be used in public reports;
- If you have concerns about your privacy rights or the confidentiality of your information in AKHMIS, you can contact the organization where you received services;
- If you have concerns about how the organization serving you is using or disclosing your information, you can visit the website above;
- The list of participating organizations and this list can be found at the website above;
- This form will expire five (5) years from the date of signature;
- You will not lose benefits or be denied services for which you would otherwise qualify if you choose not to share your information; and
- You can choose to opt out of sharing your information at any time by completing and signing the opt-out section of this form at a participating organization or by contacting the website above for further instructions. Note that any information shared up until the time you choose to opt out will remain shared in AKHMIS, where applicable.

A case manager or intake worker from any participating organization can answer any clarifying questions you may have and provide you with a copy of this form or the [Alaska CoCs Statewide Privacy Policy](#).

By signing this form, I agree that:

My collected information, as described above, will be shared to help me access housing, receive supportive services that best fit my needs, and assist in evaluating the quality of services and programs across the State. My consent allows any participating organization with direct access to AKHMIS to add or update my information in the system without asking me to sign another consent form.

Client or Guardian Signature: _____ Date: _____

Print Name (Client or Guardian): _____

Client Date of Birth: _____ Client AKHMIS ID#: _____



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I agree to have this form cover any minors of which I am the parent/legal guardian (provide child(ren)'s name(s) and date(s) of birth):

Witness Printed Name & Signature: _____

Witness Participating Organization: _____

Date: _____

Client opted out of data sharing (refused or revoked consent):

Client or Guardian Signature: _____ Date: _____

Printed Name (Client or Guardian): _____

Client Date of Birth: _____ Client AKHMIS ID#: _____

Staff Name: _____

Staff Organization: _____

**** For clients working with organizations remotely ONLY ****

Verbal Consent (Client or Guardian Name): _____

Date Consent Obtained: _____

Staff Name: _____

Staff Organization: _____

