



# River Valleys CoC Coordinated Entry System Participant Notice and Consent for Release of Information

I, \_\_\_\_\_ (insert participant’s name), understand that the River Valleys 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 River Valleys CES partners to improve services for me. I also authorize that my information can be viewed by the River Valleys CES- and River Valleys Continuum of Care (CoC)- designated System Administrators for the purpose of system evaluation, which will help improve services offered to me and others in the River Valleys 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 River Valleys 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.

You might be contacted and/or the persons you listed as an alternative contact, by one or more of the following methods for the purposes of housing and/or to update your Coordinated Entry Assessment information: mail, phone, text, or email.

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, including but not limited to the items listed below, to be routinely shared in the River Valleys 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 River Valleys CES SCREENING AND ASSESSMENT MAY BE SHARED WITH:

*Not an inclusive listing*

- Social Service Agencies
- Housing Providers
- Veterans Services Offices
- McKinney- Vento School Liaisons
- Shelter Programs
- Housing and Redevelopment Authorities
- Domestic Abuse Agencies



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## PURPOSE OF SHARING

Information from the River Valleys 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 River Valleys CES program and system performance
- Evaluating for service gaps, needs and duplication in the River Valleys 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 River Valleys 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 River Valleys 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 Tennessee 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 \_\_\_\_\_