



Standard MultCo Verbal Release Form for HMIS Data Sharing

- This form should not be used as part of Coordinated Access.
- Check the correct box under the "Participant's Decision" header.

Read to the participant: "We are going to keep the information you give us in a system called 'HMIS'. We use policies and different tools to protect that information. Collecting your info helps us organize our services and meet reporting requirements.

In Multnomah County, many agencies help people who are homeless or unstably housed. Some of the information you give us will be visible to those agencies. If you let us, we can share more details about you and the services you receive here with those agencies. Sharing your info can help agencies work together on future services you may qualify for.

Do you have any questions about this?"

"Do you agree to let us share your information?"

[For households with children under 18]: **"Do you agree to let us share your kids' information?"**

Assessor, answer any questions the participant may have.

- To help with questions, view the FAQ for this Verbal Release here:
<https://johs.us/hmis-links-for-providers/verbal-roi-forms/>
- For a full explanation of a participant's data rights, view the HMIS Privacy & Security Notice at <https://johs.us/hmis-links-for-providers/hmis-privacy-security-notice/>
- The Privacy & Security Notice must be made available to participants upon request.

Date:

Participant's Name *(include children's names if consent is given):*

Participant's Decision *(check only one box)*

- ☐ **Yes, share** program enrollment and assessment info for participant *only*.
- ☐ **Yes, share** program enrollment and assessment info for participant *and their children*.
- ☐ **No, do not share** program enrollment and assessment info.

Staff witness (print name): _____

Enter two ROIs into HMIS: one for your login provider and one for the program.

If consent is given, data sharing will occur in HMIS for 7 years. Retain this form for 7 years.