

ServicePoint: CLIENT INFORMED CONSENT & RELEASE OF INFORMATION AUTHORIZATION

_____ is a Partner Agency in the ServicePoint Management Information System. ServicePoint is a shared homeless and housing database system administered by the Central New York Services, Inc... ServicePoint can improve the services and programs for homeless and low-income households by allowing authorized staff at Partner Agencies to share client information and to follow trends and service patterns over time. ServicePoint operates over the Internet and uses many security protections to ensure confidentiality.

Participation in the ServicePoint program is important to our community's ability to provide you with the best services and housing possible. As you receive services, information will be collected about you, the services provided to you, and the outcomes these services help you to achieve.

- Your name and other identifying information **will not** be shared with any agency not participating in the system (unless required to do so by law).
- Your name, gender, race, social security number and date of birth **may** be shared with Partner Agencies for identification purposes even if you elect not to share other relevant information.
- Sensitive information such as diagnosis or treatment of mental health disorders, drug or alcohol disorders, HIV-AIDS, or domestic violence concerns, will be shared between Partner Agencies unless a specific written request is submitted.
- A list of Partner Agencies is available on request.
- Authorizing your information to be entered into the ServicePoint is voluntary.
- Refusing to do so will not limit your access to shelter or services.

Please initial one of the following levels of consent:

_____ I give authorization for my basic and relevant information to be entered into the ServicePoint and shared between Partner Agencies. I understand that I have the right to receive a copy of all information shared between the Partner Agencies.

OR

_____ I give authorization for my basic and relevant information to be entered into the ServicePoint, but not shared between Partner Agencies.

I understand that I may cancel this authorization at any time by written request, but that cancellation will not be retroactive. I understand that this release is valid for three years from the date of my signature below.

Print Name of Client / Guardian

Signature of Client / Guardian

Date

Release is valid for one year from date of signature.