

### **Release of Information (verbal)**

*We would like your permission to share your information with other community agencies, who have agreed to keep it confidential. Your information will be entered into a secure database, and sharing information makes it easier to coordinate services and track how well we are meeting your needs. In rare cases, we would also share your information in instances of mandatory reporting or to provide better services.*

*If you have questions or concerns, would like a copy of the full privacy notice, or would like to see the information being shared, please let me know.*

***Do I have your permission to share your personal information with other homeless system service agencies and partners?*** *(If the client says no, they will be entered into HMIS, but information will not be shared with other providers. If the client requests that information is not entered into the database, the provider should honor that request.)*

**Yes**    **No**