

**ERIE COUNTY
CONTINUUM OF CARE
HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS)
MANAGED BY: THE ERIE UNITED METHODIST ALLIANCE
AUTHORIZATION TO SHARE INFORMATION**

The Erie County, PA, Continuum of Care (ECCoC) is comprised of a network of government agencies and non-profit organizations that provide shelter and other services to individuals and families who are homeless or at risk of becoming homeless. The agencies and organizations that comprise the ECCoC are named on this Authorization. In order to provide you with the best services possible, it is important that all of the agencies working with you are able to share information in order to plan and coordinate the services that you need. Only authorized staff that perform case management and/or administrative functions, may exchange information about you in written form (on paper) or verbally (through conversations or telephone calls) or electronically (through a shared database). We must have your written permission to share this information.* Certain other agency staff are authorized to view only your basic demographic information such as your name, date of birth, and other identifying information in the shared database.

Your signature on this authorization allows the named agencies to share your information in order to give you the best services possible.

I authorize the ECCoC to share the following information about me with the agencies listed on this Authorization.

You must initial each item below to share this information.

_____ My personal identifying information, such as my name, date of birth, and social security number. This information is available to authorized staff that can access the shared database in order to identify clients in their program as well as to case managers and administrators.

All network members have signed agreements to treat my information confidentially. If there is a need to share information about me with an organization not in the ECCoC, I will be asked to sign a separate authorization form.

I understand that signing this form does not guarantee that I will receive assistance. Refusing to sign this form will not disqualify me from receiving basic services although some programs will have additional eligibility and information sharing requirements that I will need to meet. I understand that I may withdraw this consent at any time by submitting a written request to the program named below. The withdrawal will become effective on the date that it is signed and does not apply to information that has already been disclosed.

This authorization is valid until _____ (date not to exceed one year) or until I withdraw it in writing.

Client name (print): _____ Signature: _____

Witness name (print): _____ Signature: _____

Program/Agency (print): _____ Date: _____

- Because the network receives funding from the federal government, we must collect the following information which will be stored in a database maintained by the Erie United Methodist Alliance:
name; birth date, social security number; gender; ethnicity and race; information about your status as a veteran; disabling condition, if any; and information about where you lived prior to becoming homeless. Information will be included in reports required by the U.S. Department of Housing and Urban Development but these reports will be done in a format that will not individually identify you or your family members.

**HOMELESS SERVICES PROGRAMS AND CONTRACTORS THAT
COMPRISE THE ERIE COUNTY, PA CONTINUUM OF CARE**
The agencies and programs listed on this form are subject to change.

Community of Caring
Community Shelter Services
Erie County Care Management
Erie County Dept. of Human Services – MH/MR
Erie City Mission
Erie DAWN
Erie United Methodist Alliance
GECAC
Mercy Center for Women
My Father's House
Safenet
Salvation Army
Sister's of St Joseph Neighborhood Network
St. Martin Center