

ESG Client Consent Form

South Dakota Homeless Management Information System Informed Consent and Release of Information Authorization

This agency participates in the South Dakota Homeless Management Information System (*SDHMIS*). *SDHMIS* is administered by the South Dakota Housing Development Authority on behalf of the South Dakota Housing for the Homeless Consortium.

Because this system is made up of many service providers across South Dakota that are administering the ESG grant, your information will be shared with other service providers from which you might be seeking services. This will reduce the time spent answering basic questions regarding your situation, and allow that agency to focus on meeting your service needs.

SDHMIS has industry standard security protocols, and is updated regularly to meet these security standards. The information you provide will only be shared with this agency and any other ESG agency in the system and limited staff of *SDHMIS*. Information collected is housed in a secure server. Limited staff persons have access to this server and the data housed there for system support and maintenance purposes only. Data collected for the system will be maintained for seven years from the date of entry and then any inactive record will be permanently deleted from the network.

The Items listed below will be shared with other ESG agencies as well as SDHMIS Staff for ESG purposes.

1. Identifying information (Name, birth date, social security number)
2. Demographic information (gender, race, residential information, family composition)
3. Financial information (income verification, public assistance payments, food stamps)

The items listed below are optional items that you may wish to share with other agencies. Please mark Yes or No to the below items.

_____ Medical records (except HIV/AIDS and alcohol and drug treatment),
Psychological records and evaluations, vocational assessment, care coordinators
recommendations and direct observations, employments status, etc.

_____ HIV/AIDS diagnosis

_____ Substance abuse diagnoses, treatment plan, progress in treatment, discharge

I understand that I have the right to inspect, copy, and request all HMIS records maintained by the Agency relating to the provision of services to me and to receive a paper copy of this form.

Signature of Client, Guardian or Power of Attorney Date

Signature of Witness Date