

**North Alabama Coalition for the Homeless (CoC)  
Homeless Management Information System (HMIS)**

**RELEASE OF INFORMATION (ROI)**

Client's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

The **Homeless Management Information System (HMIS)** is a shared, computerized record keeping system that captures information about people experiencing homelessness, including their service needs. North Alabama Coalition for the Homeless (NACH) administers HMIS to collect information on the clients served by its member agencies and the services they provide.

I understand that all information gathered about me is personal and private and that I do not have to participate in HMIS. I have had an opportunity to ask questions about HMIS and to review the basic identifying information, which is authorized by this release for the HMIS Member Agencies to share. I also understand that information about non-confidential services provided to me by NACH Member Agencies may be shared with other NACH Member Agencies. This Release of Information will remain in effect for \_\_\_\_\_ year(s) and will expire on \_\_\_\_\_ unless I make a formal request to this Agency that I no longer wish to participate in HMIS.

I authorize \_\_\_\_\_, as a NACH Member Agency, to share my basic, identifying and non-confidential service transactions/information with other NACH Member Agencies. I authorize the use of a copy of this original to serve as an original for the purposes stated above.

\_\_\_\_\_  
Client's Printed Name

\_\_\_\_\_  
Client's Authorizing Signature

\_\_\_\_\_  
Date (mm/dd/yy)

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Based on the above information, I further authorize \_\_\_\_\_  
and North Alabama Coalition for the Homeless to share my dependent's basic, identifying and  
non-confidential service transactions/information with other NACH Member Agencies.

\_\_\_\_\_  
Dependent's Name

\_\_\_\_\_  
DOB

\_\_\_\_\_  
Dependent's Name

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Dependent's Name

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Dependent's Name

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Dependent's Name

\_\_\_\_\_  
DOB

\_\_\_\_\_  
Legal Guardian's Authorizing Signature

\_\_\_\_\_  
Date (mm/dd/yy)

\_\_\_\_\_  
Agency Representative's Printed Name

\_\_\_\_\_  
Agency Representative's Signature

\_\_\_\_\_  
Date (mm/dd/yy)