



Palm Beach County Continuum of Care Informed Consent and Release of Information Form

I understand that _____ partners with other Palm Beach County agencies to help meet my service needs. These agencies are members of a confidential network named the Client Management Information System (CMIS).

- CMIS is a database which allows homeless service agencies to capture and share information about the individuals they serve.
- This information will help you access the appropriate resources to better meet your needs. It will also save you time should you access services from another member agency.
- Only authorized staff in the CMIS system can access your record.
- All information entered into this database is stored using secure technology which protects data from unauthorized users.
- Non identifying information is used to provide reports for various funding agencies.
- Any Information entered into the database will be maintained for an indefinite timeframe.
- You have the right to request a copy of your file.
- You have the right to refuse to answer any or all questions you consider sensitive.
- You have right to cancel this release of information for any future data input, however certain financial assistance programs may have statutory mandated information requirements.

I have received an oral explanation of this form and hereby grant permission for and authorize the release and sharing of any information regarding myself/children entered into this database to member agencies.

Client and/or Legal Guardian

Printed Name: _____

Children's Names: 1. _____

2. _____

3. _____

4. _____

5. _____

Signature: _____ Date: _____