



# 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: \_\_\_\_\_

Family Member's  
Names:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_