



KYHMIS ACKNOWLEDGMENT & RELEASE OF INFORMATION

(Rev 11/07)

Please read this document carefully or ask to have it read to you.

The KYHMIS/ServicePoint is a statewide internet based shared management information system. Your name and other identifying information **will not** be reported to offices and organizations that plan and/or fund homeless services. Information about the: diagnosis or treatment of a mental health disorder, drug or alcohol disorder, HIV, AIDS, or domestic violence concerns, will not be disclosed without your written consent (see below).

Your information will be entered into the KYHMIS Service Point System. This agency; _____, has explained the KYHMIS to you and you have been made aware of the KYHMIS Privacy Policy and advised how you can obtain a copy of it.

Signature

Date

This agency _____ is asking your permission to share information with other KYHMIS agencies in the planning and delivery of services to you. Your name and other basic identifying information will be available to participating KYHMIS agencies for up to three (3) years. You may cancel this authorization at any time by written request to the agency that you originally gave the authorization, but the cancellation will not be retroactive. Your data will either be entered directly into the KYHMIS database via the Service Point Software or via a data transfer.

This portion of the form allows you to elect to share your information with other KYHMIS agencies that may also be able to provide you with assistance and services. You are not required to provide information to the KYHMIS to obtain services from any KYHMIS agency; however, some programs may have additional requirements as to the data needed to apply for services.

Please initial and date (initial/date) **only one** of the following options:

- (1) _____ I authorize release & sharing of **all** information
- (2) _____ I **do not** authorize release & sharing of **any** information

Your signature acknowledges that you are aware of the options available to you concerning the sharing of data among the KYHMIS agencies and have selected your preference above.

Signature of Client, Guardian or Power of Attorney

Date

Signature of Witness

Date