



# CRHMIS CLIENT RELEASE OF INFORMATION: FOR DEPENDENT HOUSEHOLD MEMBERS

MINORS UNDER THE AGE OF 18 & INCAPACITATED/DISABLED ADULTS UNABLE TO SIGN ON THEIR OWN

The CRHMIS recognizes every independent adult (aged 18 years and older) as the owner of all information about themselves within the CRHMIS. Parents, legal guardians, and/or legal power of attorneys are designated as the owners of all information about household members under their guardianship (this includes all minors (persons under 18 years of age) and any incapacitated/disabled adults).

As the owner of all information about your dependent household members within the CRHMIS, you have the right to choose how much of that information, if any, is shared within the database. To facilitate the coordination and provision of services, we are requesting your permission to share a limited amount of information about your household members with other homeless services coordinators and providers in your community. This permission will be in effect for a minimum of 36 months, but you may revoke consent at any time. Data on HIV/AIDS, Domestic Violence, Behavioral Health (including mental illness and substance abuse), and client notes are NEVER shared through the CRHMIS.

**\*Please check ONE (1) box below to indicate the level of information-sharing you are willing to authorize for the dependent household members listed on this document:**

- I agree to share name, gender, and program enrollment history through the CRHMIS computer database with partner homeless services agencies.
- I agree to share name, gender, program enrollment history, demographic, income, and contact information through the CRHMIS computer database with partner homeless services agencies.
- I do NOT agree to share any information through the CRHMIS computer database with partner homeless services agencies.

**\*PRINT names of all minor and/or incapacitated/disabled household members covered by this agreement:**


***\*By signing this form, I, as the parent, guardian, or power of attorney for the individuals listed on this document, authorize the information of those individuals to be shared at the level indicated above:***

\_\_\_\_\_  
PRINT name of Parent, Guardian, or Power of Attorney

\_\_\_\_\_  
SIGNATURE of Parent, Guardian, or Power of Attorney

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT name of Witness

\_\_\_\_\_  
SIGNATURE of Witness

\_\_\_\_\_  
DATE