GOVERNMENT OF THE DISTRICT OF COLUMBIA **DEPARTMENT OF HUMAN SERVICES FAMILY SERVICES ADMINISTRATION**



# Consent for the Release of Homeless Services Information Form

The District of Columbia (“District”) Department of Human Services (“DHS”), Family Services Administration (“FSA”) provides homeless services to District residents through a Continuum of Care, in accordance with the Homeless Services Reform Act of 2005, as amended (D.C. Official Code §4-751.01 *et seq*.) (“HSRA”).

I , acknowledge and fully understand that as a DHS homeless services client, my DHS Continuum of Care information is confidential and protected information pursuant to applicable District of Columbia and federal confidentiality laws, including the HSRA (D.C. Official Code §4-754.11(7)), which states:

*“Clients served within the Continuum of Care shall have the right to confidential treatment by [DHS] and providers of personal, social, legal, financial, educational, and medical records and information related to a client or any member of a client's family, whether obtained from the client or from any other source, in a manner consistent with the confidentiality requirements of District and federal law.”*

I , , further acknowledge, understand, and grant permission so that DHS/FSA and/or The Community Partnership for the Prevention of Homelessness (TCP) may share my Continuum of Care information with DHS/FSA partners and government entities, including, but not limited to, the entities listed below for the purpose of providing homeless services to me in accordance with the HSRA, and for research and statistical purposes for the improvement of homeless services programs and services offered to me.

* Homeless Service Providers within the Continuum of Care
* DHS/Economic Security Administration (ESA)
* Previous Landlords
* Department of Behavioral Health (DBH)
* Department of Health (DOH)
* District Alliance for Safe Housing

(DASH)  Employer

* + Addiction Prevention and Recovery Administration

(APRA)

* + DC Superior Court
  + Child & Family Services Administration (CFSA)
  + Social Security Administration
  + Child Support Division
  + District of Columbia

Housing Authority (DCHA)

* Office of the State Superintendent of Education (OSSE)
* District of Columbia Public Schools (DCPS) and
* The Lab@DC

I am an adult 18 years of age or older and I have read the provisions stated above, and/or a DHS/FSA representative has verbally explained the provisions stated within this form, and I understand and agree to the release of my information.

**THIS RELEASE DOES NOT ALLOW THE SHARING OF ANY PROTECTED HEALTH INFORMATION OR OTHER MEDICAL RECORDS COVERED UNDER THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA), 45 C.F.R. PARTS 160 & 164, 42 CFR PART 2, OR OTHER LAW CONCERNING HEALTH INFORMATION, SUBSTANCE ABUSE TREATMENT OR MEDICAL RECORDS.**

Printed Name of Adult Address of Adult

Signature of Adult Date

Printed Name of Witness Address of Witness

Signature of Witness Date

**THE UNAUTHORIZED DISCLOSURE OF IDENTIFYING CLIENT INFORMATION VIOLATES THE HOMELESS SERVICES REFORM ACT OF 2005, AS AMENDED. (D.C. OFFICIAL CODE §§, 4-751.01 *ET SEQ*).**