



Client Release of Information
To Release and Exchange Basic Information
with Agencies of the Amarillo Homeless Management System

Name of Agency: _____

Client's Last Name: _____

First Name: _____ Middle Initial: _____

Date of Birth: _____ Social Security Number: _____

The Amarillo Homeless Management System (AHMIS) is a shared homeless and housing management information system. The HMIS is administered by the Amarillo Continuum of Care through the City of Amarillo to help improve homeless and housing services. The HMIS does this by allowing **authorized personnel** at participating agencies to share client information needed for service delivery, to use an online directory of community services, and to track demographic trends and service patterns. The system operates over the Internet and uses many security protections to help ensure the confidentiality of your records.

I understand that all information gathered about me is personal and private and that I do not have to authorize my information to be shared on the AHMIS. I have had an opportunity to ask questions about the system and to review the basic identifying information this release authorized the AHMIS Participating Agencies to share. I also understand that information about nonconfidential services provided to me by Participants may be shared with other Participating Agencies. Unless I make a formal request to a Participating Agency that I no longer want to participate in the AHMIS, this release will remain in force for 3 years from today and will expire on _____.

(dd/mm/year)

I authorize _____ as a Participating Agency, to share my basic identifying information and nonconfidential service information with other Participants. I authorize that a copy of this original release will serve as an original for the purposes stated above.

Client's Authorizing Signature

Date (dd/mm/yyyy)

Based on the above information, I authorize basic identifying information and nonconfidential service transactions of my dependent(s) to be shared with the AHMIS Participating Agencies.

Legal Guardian's Authorizing Signature

Date (dd/mm/yyyy)

Legal Guardian's Printed Name

Date (dd/mm/yyyy)

