

**CLIENT INFORMED CONSENT & RELEASE OF INFORMATION AUTHORIZATION**  
*For Client Services Network of Lee County (CSN)*

**THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. IF YOU HAVE ANY QUESTIONS OR DESIRE ANY FURTHER INFORMATION REGARDING THIS FORM, PLEASE CONTACT THE CSN SYSTEM ADMINISTRATOR AT (239) 533-7925.**

In order to best serve your needs at \_\_\_\_\_ (agency name) to develop meaningful treatment plans, to determine your continuing eligibility for services, and to monitor your progress in complying with the terms of your shelter, housing or other services, \_\_\_\_\_ (agency name) and the Continuum of Care need to exchange, share, and/or release data, information or records they may collect about you.

The information contained in your case records with any Agency is considered confidential and privileged and cannot be exchanged, shared and/or released without your express and informed written consent, except where otherwise authorized by law. Please understand that access to shelter, housing and services is available without your consent for the release of the information. However, your consent, although optional, is a critical component of our community's ability to provide the most effective services and housing possible.

I understand that:

- This Agency may not condition the provision of services to me on my signing this consent/authorization (this Agency may not refuse to serve me simply because I do not want my information shared with other agencies).
- This form specifically authorizes the use of information about me in research conducted using information maintained in CSN. I will not be personally identified by name, social security number, or any other unique characteristic in published research reports. The type of research that will be conducted using this information includes reports on the number and characteristics of people using different types of services, the effectiveness of services, and changes in patterns over time.
- If I give permission, the CSN allows information about me, including my photograph, to be shared with other CSN Partner Agencies. This may include, but is not limited to, information regarding my education history and employment background, income, program eligibility and participation, and personal history. The purpose of sharing information this way is to help the agencies that I seek services from obtain information about me more quickly, assist with my case management, and to help connect me with the services I need.
- Information will not be shared with law enforcement for "law enforcement purposes" unless consistent with HMIS Privacy Notice Paragraph C. 1.i.
- Agencies that join CSN after I sign this consent/authorization also will have access to the personal information that I authorize for data sharing. This Agency must make reasonable accommodations to allow me to view the updated list of CSN Partnering Agencies.
- I have the right to inspect, copy, and request all records maintained by Agency relating to the provision of services provided by Agency to me and to receive copy of this form unless specifically denied under federal or state law. I understand that my records are protected by federal, state, and local regulations governing confidentiality of client records and cannot be disclosed without my written consent unless otherwise authorized by law. I may revoke this authorization at any time verbally or by written request, but the cancellation will not be retroactive. I understand that this release is valid for one year.

**I give my consent to the exchange of information on CSN: Yes  No**

**I have read this document or it was read and/or explained to me and I fully understand and agree with the terms of this document.**

\_\_\_\_\_  
**Signature of client or guardian:**

\_\_\_\_\_  
**Date:**

\_\_\_\_\_  
**Signature of witness:**

\_\_\_\_\_  
**Date:**

\_\_\_\_\_  
**Printed name of client or guardian:**

\_\_\_\_\_  
**Printed name of witness:**

**CSN Partnering Agencies**

Affordable Homeownership Foundation Inc.  
 After the Rain  
 American Red Cross  
 Ann's Restoration House  
 Children's Home Society of Florida  
 Centerstone  
 Community Assisted & Supported Living  
 Community Cooperative  
 Department of Veteran Affairs  
 Goodwill Industries of SWFL  
 Jewish Family & Children's Service of the Suncoast  
 Lee County Department of Human and Veteran Services  
 Lee County Housing Development Corporation Inc.  
 Lee County Homeless Coalition

Lee County Pretrial Services  
 Lee Health  
 Lehigh Community Services  
 Oasis Luther Services  
 Open Arms Foundation  
 Public Defender's Office  
 SalusCare, Inc.  
 St. Vincent DePaul CARES  
 The Salvation Army  
 Triage Outreach Center  
 United Way 211  
 UW House Interfaith Caregivers  
 Law Enforcement Housing Outreach and Treatment (HOT) Staff