



**Client Informed Consent & Release of Information for Coordinated Services**

This release of information is to share information amongst the community network of housing providers in Macomb County. These agencies work together providing services and resources to program participants in a variety of ways.

Through a coordinated services agreement, the following agencies work together to coordinate services for housing related assistance and documentation sharing. You may be working with one or more of these organizations currently, or may be connected to them in the future, while you develop your housing plan to resolve your current housing crisis.

Sharing information will allow the agencies in Macomb County to work together to better assist you. This can include sharing your location, contact information, household size, housing needs and verification of homelessness.

In order to best serve you, we would like permission to share information, as needed, through this network below:

- Abigayle Ministries
- Amelia Agnes/PCDC
- Community Housing Network (CHN)
- County of Macomb/Macomb Community Action (MCA)
- Disability Network Eastern Michigan (DNEM)
- Family Youth Interventions (FYI)
- Harvest Time Christian Fellowship
- Macomb County Community Mental Health (MCCMH)
- Macomb County Rotating Emergency Shelter Team (MCREST)
- Michigan Dept. of Corrections (MDOC)
- Motor City Mitten Mission (MCMM)
- Oakland Livingston Human Service Agency (OLHSA)
- The Salvation Army Harbor Light
- The Salvation Army MATTs
- Turning Point
- Vets Returning Home (VRH)
- Volunteers of America Michigan (VOA)

Please read the statements below then sign and date at the bottom.

1. I have received a copy of this agreement for my reference.
2. I understand this written consent allows the above agencies to share and update information about my household to coordinate services, link with other available programs, and help to document homeless history. I understand that specific information about other adults in my family will require a separate agreement be filled out by the participant.
3. I understand the confidentiality of my records is protected by law. I understand Macomb Community Action and it's partners will never give information about me to anyone outside the agency without my written consent or as required by law (The regulations are the Federal Law of Confidentiality for Alcohol and Drug Abuse Patients, (42 CFR, Part 2) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR, Parts 160 & 164). All of the sharing agencies must follow strict privacy laws. The sharing agencies may change from time to time and this agreement will be updated to reflect those changes.
4. I understand that generally my services will not change based on whether I sign a consent form, but in certain limited circumstances I may be denied services if I do not sign a consent form.
5. I understand this consent is voluntary and may be revoked in writing at any time, except to the extent that action has been taken relying on this authorization.
6. Unless otherwise revoked, this authorization will expire one year from the signed date.

**Client Signature:** \_\_\_\_\_

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