
[AGENCY NAME]

CLIENT ACKNOWLEDGEMENT FOR ELECTRONIC DATA COLLECTION

When you sign this form, it shows that you understand the following:

We collect personal information about the people we serve in a computer system called Homeless Management Information System (“HMIS”). HMIS is used by agencies which provide prevention, shelter and housing related services in Franklin County. Agencies using HMIS comply with all the requirements related to keeping your personal information private and secure.

We use the personal information to run our programs and help us improve our services. Also, we are required to collect some personal information by organizations that fund our program.

Your information will help us in getting the appropriate services for you through our program or programs offered by other agencies.

You have a right to review the information that we have about you. If you find mistakes, you can ask us to correct them. You have a right to file a complaint if you feel that your privacy rights have been violated.

If you would like a copy of our privacy policy, our agency staff will provide one.

SIGNATURE OF CLIENT OR GUARDIAN

DATE

SIGNATURE OF AGENCY WITNESS

DATE