



HOME-ARP Waiting List and Program Release of Information

Agency Name: _____

Client Last Name:	Client First Name:	Client Middle Initial:
Staff Completing Assessment:	Date of Birth (mm/dd/yyyy):	Date of Assessment (mm/dd/yyyy):

Introduction: Protecting your information is important to us. This document outlines how we use and protect your information. It defines which client data is entered onto the HOME-ARP waiting list and how those data are shared between HOME-ARP funded agencies. A full list of HOME-ARP providers can be found at mshomecorp.com.

Participating agencies collect personal information to assess eligibility and connect clients to appropriate services, maintaining confidentiality according to strict standards. **Agencies only collect personal information that is considered appropriate for connecting you as described by program regulations.**

We will only use your information to benefit you in the following ways:

- To provide or coordinate services on behalf of an individual or household;
- For payment or reimbursement for services;
- To carry out administrative functions, including but not limited to oversight and management functions; or
- For creating summary reports without identifying you or confusing you with someone else

What information is shared about you on the HOME-ARP Waiting List?

- Name
- Address (city, state, zip)
- County
- Phone number
- Race

- Household type and size
- Veteran status

If you have a privacy concern, you can request to be assigned an identification number.

Your Rights:

- Your refusal to share information in this system will not be used to deny you services. Services can be provided without sharing identifying information; however, you must be willing to receive an assigned application identification number.
- Any information you provide related to race, color, religion, sex, national origin, disability, familial status, and actual or perceived sexual orientation, gender identity, or marital status will not be used in any way that would discriminate against you or prevent you from receiving services or housing assistance. You have the right to file a complaint if you feel that you have been discriminated against
- You may request a copy of this agency's Privacy Notice that explains the HOME-ARP confidentiality policy, waiting list, program documentation requirements, and your rights and responsibilities associated with how information is kept and shared through this system.
- You have the right to see your information, request to change it, and to have a copy of that information from the servicing agency by written request. An agency can refuse to change information in your record but must provide you with a written explanation of the refusal within 60 days of the request.
- You may withdraw your consent to share at any time by writing to the staff identified in on this form. However, any information already shared with another agency cannot be taken back. Your request to discontinue sharing will have to be coordinated between sharing partners. You should tell each agency that you work with when you withdraw your consent.
- The confidentiality of your records is protected by law. This agency will never give information about you to anyone outside the approved agencies to include the agency, the grantee, or other partnering agencies, without your specific written consent through this release 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 (HIPPA), 45 CRF, Parts 160 & 164) and certain Mississippi laws.

This Release is active for **one year** effective on the date of signature.

Instructions: Initial next to the statement that you understand and agree to:

I agree to have all of my information listed above to be visible to all helping agencies within the groups referenced above.

SECTION 1 – HOME-ARP Waiting List

Yes, I agree to share my standard information on the HOME-ARP waiting list.

No, I do not agree to share my standard information on the waiting list.

SECTION 3 – Coordinating Group

Yes, I agree to share my information for coordination of care.

No, I do not agree to share my information for coordination of care.

Client signature: _____ Date: _____

Signature of guardian or authorized-representative (when required):

Relationship to client: _____ Date signed by guardian: _____

This release of information applies to the following dependents:

Last Name	First Name	Date of Birth (mm/dd/yyyy)