



**RELEASE OF INFORMATION (ROI)**

\_\_\_\_\_ is a Partner Agency in the Community Information System (CIS) serving Charlotte County. CIS is a shared database system collecting information about people who access services and housing for those who are homeless or at risk of becoming homeless. The database is administered by the Gulf Coast Partnership, Inc. CIS can improve the services and programs for homeless and low-income households by allowing authorized staff at Partner Agencies to share client information and to follow trends and service patterns over time. CIS operates over the Internet and uses many security protections to ensure confidentiality.

Participation in the CIS program is important to our community’s ability to provide you with the best services and housing possible. As you receive services, information will be collected about you, the services provided to you, and the outcomes these services help you to achieve.

- ❖ Personally Identifiable Information (PII) such as name, gender, race, social security number, and date of birth will not be shared beyond local partner agencies.
- ❖ Sensitive information covered under HIPAA will not be entered in CIS.
- ❖ A list of Partner Agencies is available on request.
- ❖ Authorizing your information to be shared with Partner Agencies is voluntary.
- ❖ Refusing to do so will not limit you access to shelter or services.

I give authorization for my basic and relevant information and that I am authorized to sign for those listed below to be entered in the CIS for up to seven (7) years and shared between Partner Agencies.

I understand that I may cancel this authorization at any time by written request. I understand that this release is valid until revoked.

\_\_\_\_\_  
**Printed Name** of Head of Household

\_\_\_\_\_  
**Signature** of Head of Household

\_\_\_\_\_  
 Date

\_\_\_\_\_  
**Printed Name** of Client #2

\_\_\_\_\_  
**Printed Name** of Client #3

\_\_\_\_\_  
**Printed Name** of Client #4

\_\_\_\_\_  
**Printed Name** of Client #5

\_\_\_\_\_  
**Printed Name** of Client #6

\_\_\_\_\_  
**Printed Name** of Client #7

\_\_\_\_\_  
**Printed Name** of Agency Witness

\_\_\_\_\_  
**Signature** of Agency Witness

\_\_\_\_\_  
 Date