ALLIANCE FOR HOUSING

Oakland County Alliance

Client Release of Information
Coordinated Services

This release of information is for the network of providers in Oakland County that work together through, the Alliance for Housing, providing services and supports to program participants in a variety of capacities.

Through a coordinated services agreement, the following agencies work together to coordinate services and supports for housing related assistance and documentation. You may be working with one or more of these organizations currently, or may be connected to them, through the course of developing a plan to resolve your current housing crisis.

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

1. Alliance of Coalitions for Healthy Communities
2. Christian Community Response Team (CCRT)
3. Community Management Associates, Inc. (CMA)
4. Collective Holdings Group LLC
5. Community Housing Network (CHN)
6. Disability Network Eastern Michigan
7. Easterseals MORC, Inc.
8. E-Community Outreach Services
9. Farmington Hills Neighborhood House Inc
10. Gesher Human Services
11. HAVEN Inc.
12. Honor Community Health
13. HOPE Shelters
14. Jewish Family Service of Metro Detroit
15. Kids Empowered on the Move
16. Lakeshore Legal Aid
17. Lighthouse
18. Mary's Mantle
19. Michigan Department of Health and Human Services (MDHHS)
20. Oakland Community Health Network (OCHN)
21. Oakland County Michigan Works!
22. Oakland Family Services
23. Oakland Mediation Center
24. OC Health & Human Services
25. OC Sheriff's Office
26. OC Veteran Services
27. Oakland Livingston Human Service Agency (OLHSA)
28. Royal Oak First United Methodist Church Outreach on 7th
29. Safe Housing Outreach Ministry
30. Safe & Sound Ministries
31. South Oakland Citizens for the Homeless - Welcome Inn
32. Street Democracy
33. Trinity Missionary Baptist Church
34. The SOURCE
35. VA Detroit Healthcare System
36. Volunteers of America MI
37. WHEAT INC

The information you give:

May be used by other helping agencies in Oakland County.
Will help reduce the paperwork you would have to fill out at other agencies.
Will allow agencies to work together to better help you.
Allow for agencies to verify homelessness.
To let members of the Alliance know the current location of a client and provide contact information to an agency/organization when a housing program may be available.

EQUAL HOUSING OPPORTUNITY

Client Informed Consent and Release of Information Authorization
Coordinated Services
SECTION 2

Please read the statements below and place your signature on the Client Signature line below.

I have received a copy of this agreement for my reference.

I understand that this written consent allows the servicing agency share and update information about my family and me to coordinate services. I understand that specific information about other adults in my family will require that a separate agreement be filled out by the individual.

I understand that the confidentiality of my records is protected by law. I understand that the partnering Alliance for Housing agency 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 CRF, Parts 160 & 164).

Page 1 of this document lists the partners that share information under a Coordinated Services Agreement. All of the sharing agencies must follow strict privacy laws. The sharing agencies may change from time to time.

I understand that the information provided and shared will be used to coordinate services, link with other available programs, and help to document homelessness history.

I understand that generally my services/treatment will not change based on whether I sign a consent form, but in certain limited circumstances I may be denied services/treatment if I do not sign a consent form. 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. Unless otherwise revoked, this authorization will expire one year from the signed date.

Client signature:_____Date: _____

Guardian or authorized representative signature (ifrequired): _____

Relationship to client: _____

Guardian/authorized representative signature date: _____

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