

Consent for the Release of Confidential Health, HIV/AIDS, Alcohol or Drug, Mental Health, and Housing Information to Alameda County Health Care Services Agency – Home Stretch

Home Stretch is a collaborative project of the Alameda County Health Care Services Agency and the members of its health, HIV/AIDS, alcohol or drug, mental health, and the InHOUSE housing, services, and program network. A list of current programs participating in Home Stretch is available upon request and at the following website: <http://everyonehome.org/our-work/home-stretch>

I, _____, authorize
(Print Name of participant/patient)

Home Stretch participating agencies to communicate with and disclose to one another the following information to help me obtain permanent housing and needed and desired services. *Information will only be shared with and used by people associated with the Home Stretch project that need and will use my information to help me obtain services and housing* [initial each category that applies]:

_____ **Data collected about me and entered into the InHOUSE (HMIS data) system** including intake, annual update, exit, program entry/exit, and services data. This data includes my name, age, date of birth, gender, race, ethnicity, marital status, veteran status, education, disability information, employment information, household relationships, living situation, income amount and type, benefits information, health insurance, income amount and type, benefits information, pregnancy status, legal information, programs and services needed and provided, and outcomes of services provided;

_____ Initial and subsequent evaluations of my service needs and health conditions by Home Stretch and its network members;

_____ Summaries of physical health, HIV/AIDS, alcohol/drug and mental health assessment results and service use history for the past 12 months.

_____ Other: _____

The purpose of the disclosures authorized in this consent is to enable Home Stretch and its network members to evaluate my need and desire for services, provide and coordinate services to me, determine my eligibility for specific service and housing programs, and to support me in obtaining permanent housing.



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I understand that my alcohol and/or drug treatment records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), 45 C.F.R. Pts. 160 & 164, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I understand that records concerning mental health services I receive are protected by state law.

I understand that I may revoke or “take back” this consent at any time. If I “take back” my consent, however, this will only effect future sharing of information. Information shared prior to taking back my consent cannot be changed retroactively. This consent expires automatically 6 months after the date of my last services from a Home Stretch provider. Home Stretch services end after I obtain permanent housing. To revoke this consent, I must request in writing my wish to take back my consent with a designated Home Stretch provider OR with the Alameda County Health Care Services Agency – Home Stretch, P.O. Box 29172, Oakland, CA 94612; homestretch@acgov.org OR by FAX to (855) 658-5466. I have the right to receive a copy of all InHOUSE (HMIS) information collected about me and shared between participating agencies. I may also amend and correct InHOUSE (HMIS) information collected about me, which may be incorrect.

I understand the potential for information shared about me under this authorization to be redisclosed or shared again by the recipient and not necessarily protected by this authorization. I understand that the purpose of Home Stretch is the coordination of care and improved access to services and permanent housing resources. I understand that I will not be able to participate in coordinated care if I do not sign this Authorization, but individual service providers and government agencies listed may not deny me services if I refuse to sign this authorization. *I have been provided a copy of this form.*

_____ Signature of Client
Date

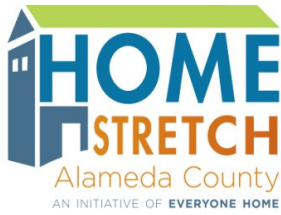
Signature of person signing form if *not* client

Describe authority to sign on behalf of client: _____

Agency Representative MUST sign this consent form:

Print Agency Representative Name Agency Name

Signature of Agency Representative



Home Stretch – Participating Providers

<ul style="list-style-type: none"> • Abode Services • Affordable Housing Associates • Alameda Alliance for Health • Alameda County Housing and Community Development • Alameda County Health Care Services Agency Health Care for the Homeless and Behavioral Health Housing Services Office • Alameda Health System • Alameda Point Collaborative • Anka Behavioral Health, Inc. • Anthem Blue Cross – Alameda County Medi-Cal Plan and Provider Network • Ark of Refuge • Bay Area Community Services • Bay Area Legal Aid • Bay Area Youth Collaborative • Berkeley Drop-In Center • Berkeley Food and Housing Project • Bonita House, Inc. • BOSS • Building Futures with Women and Children 	<ul style="list-style-type: none"> • City of Berkeley Department of Health, Housing, and Community Services • City of Oakland Department of Human Services • Community Health Center Network (CHCN) Federally Qualified Health Centers • Community Resources for Independent Living • Covenant House • Davis Street Family Resource Center • East Bay Community Law Center Eviction Prevention Housing Clinic • East Bay Community Recovery Project • East Oakland Community Project • Eden Information and Referral (2-1-1) • EveryOne Home • FESCO • First Place for Youth • Fred Finch Youth Center • Goodwill Industries, Inc. 	<ul style="list-style-type: none"> • Homeless Action Center • Housing Consortium of the East Bay • LifeLong Medical Care • Operation Dignity • Options Recovery Services • Resources for Community Development • Roots Health Center • Rubicon Programs • Second Chance • St. Mary’s Center • Satellite Affordable Housing Associates • Sutter Health East Bay – Alta Bates, Summit, and Eden Medical Centers • Swords to Plowshares • Tri-City Health Center • U.S. Department of Veteran Affairs • Volunteers of America • West Oakland Health Council • Women’s Day Time Drop-In Center • Workforce Collaborative • YEAH!
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Contact **HOME STRETCH**

fax: 1 (855) 658-5466, email: HomeStretch@accgov.org, phone: (510) 891-8938

mail: Post Office Box 29172, Oakland, CA 94612