



OneHome Release of Information (ROI)
Authorization to Disclose Protected Health Information

Section 1: Who Is the Individual?

Participant Last Name:	Participant First Name:	DOB (MM/DD/YYYY):
UCI (Unique Client Identifier):	Social Security Number:	VI-SPDAT Type (Circle One): VI-SPDAT TAY-VI-SPDAT F-VI-SPDAT

I hereby authorize the use or disclosure of protected health information and relevant housing program eligibility information about the individual named above.

- I am: the individual named above (complete section 7 below to sign this form)
- A personal representative because the patient is a minor, incapacitated or deceased (complete section 8 below)

Section 2: Who Will Be Receiving and Disclosing Information About the Individual?

The following person(s) or entities may use or disclose this information:

All defined partners within the Metro Denver Homeless Initiative Continuum of Care who utilize the Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT) pre-screen assessment as part of the OneHome Coordinated Entry System. An updated list of these providers is listed on www.onehomeco.org/partners

Section 3: What Information About the Individual Will Be Disclosed?

The information to be disclosed to further housing eligibility and navigation may include:

- Birth Date
- Gender
- Scanned copies of vital documents
- Contact Information
- Income
- HIV/AIDS status (only for targeted programs)
- Additional information used for matching towards suitable housing and/or services
- Histories of:
 - Behavioral Health Treatment
 - Medical Treatment
 - Housing and Homelessness

The information to be disclosed, including behavioral health and/or substance abuse services includes the following:

All information contained within the Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT) pre-screen assessments for individuals, families and unaccompanied youth, including:

- A. History of Housing and Homelessness
- B. Risks
- C. Socialization and Daily Functioning
- D. Wellness
- E. Family Unit

Section 4: What is the Purpose of the Information Sharing Disclosure?

To improve access and service alignment by assessing various health and social needs, and then to match those assessed with the most appropriate housing interventions available. The VI-SPDAT is a tool to help guide those assessed to the appropriate services, assist them with the case planning process and track changes over time. The OneHome system database operates over the internet and uses many security protections to ensure confidentiality. The information collected may either be kept in separate databases or in a centralized database connected with HMIS; the information can be updated and may remain in the database or databases past the expiration of this consent or after consent is withdrawn.

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Section 5: What is the Expiration Date or Event?

This authorization will expire 2 years after the Individual is connected with permanent housing.

Section 6: Important Rights and Other Required Statements You Should Know

- You can revoke this authorization at any time or may receive a copy of this authorization by writing to Metro Denver Homeless Initiative, 711 Park Ave West, Suite 320 Denver, CO 80205. If you revoke this authorization, it will not apply to information that has already been used or disclosed.
- The information disclosed based on this authorization may be redisclosed by the recipient and no longer be protected by Federal or state privacy laws. Not all persons or entities have to follow these laws.
- If you refuse the authorization or revoke the authorization, you will continue to receive all the medical care and benefits for which you are eligible. You do not need to sign this form in order to obtain enrollment, eligibility, payment, or treatment for services and these cannot be a conditioned on signing this authorization.
- The unauthorized disclosure of mental health information violates the provisions of 2 CCR 502-1 21.170 Records Care and Retention
- This authorization is completely voluntary, and you do not have to agree to authorize any use or disclosure.
- If you have a concern, grievance or complaint, please email contact@onehomeco.org or call 844-HOME-106 and leadership will respond within 72 hours.
- If you have any questions about anything on this form, or how to fill it out, we can help. Please call OneHome at 844-HOME-106.

Section 7: Signature of the Individual

Signature _____ Date (required) _____

Section 8: Signature of Personal Representative

Printed Name _____

Signature _____ Date (required) _____

Please describe your relationship to the individual and/or your legal authority to act on behalf of the individual in making decisions related to healthcare. You may be asked to provide us with the relevant legal document giving you this authority.

Relationship to the Individual (required): _____

NOTICE TO RECIPIENT OF INFORMATION

The information provided is for the sole purpose of linking the individual with housing or supportive service options. This information has been disclosed to you from records the confidentiality of which may be protected by Federal and/or state law. If the records are protected under the Federal regulations on the confidentiality of alcohol and drug abuse patient records (42 CFR Part 2), you are prohibited from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains, or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

For Administrative Use Only: Once this ROI has been completed, please fax it to OneHome at 720-944-3092 or email via an encrypted email to DRH_CAHPS@denvergov.org within 48 hours of completion.