



# Consent and Authorization to Release Information

## What is covered in this form?

This form describes how information about you may be used and disclosed, and how you can access this information. Please review it carefully. If you have any questions, please ask the person assisting you.

## What is UNITY Information Network?

UNITY Information Network (UNITY) is a computerized record-keeping system. Many social service agencies in Tampa/Hillsborough County, including, \_\_\_\_\_ (“Agency”), use UNITY to collect information on clients they serve and the services they provide. The data collected can include name, SSN, date of birth, race, ethnicity, housing status, veteran status, contact information, disability, health insurance status, other personal information, and information about services needed or received.

## Why is information about you collected in UNITY?

- To provide and/or coordinate services.
- To assess your needs, the needs of others in our community.
- To reduce duplication of information and decrease the number of wrong referrals you receive.
- To monitor whether your needs and the needs of others in our community were met.
- To decrease the time you spend trying to get services and make sure you get the services you need.
- To improve the quality of care for homeless individuals and families.

## How will your information be used and disclosed?

To best serve your needs, social service agencies may need to exchange, share, and/or release information collected about you, and the purpose of this form is to ask your permission to share your information with them as needed.

Signing this form is optional; social service agencies may **not** refuse to serve you if you do not sign this consent/authorization. However, your consent and authorization is a critical component of our community’s ability to provide the most effective services and housing possible.

Your privacy is of ultimate importance, and your data is not shared lightly; the information contained in your UNITY record is considered confidential and privileged and cannot be exchanged, shared and/or released without your express and informed written consent, except where otherwise authorized by law.

**Informed written consent occurs through signing this form.**

## BY SIGNING THIS CONSENT/AUTHORIZATION, I UNDERSTAND:

- UNITY allows information about me to be accessed by, shared with, and updated by any social service agencies using UNITY as needed for service delivery.
- Information about me may be shared and/or discussed to assist me with my housing needs. This means service providers, who may or may not have direct access to UNITY, may review and discuss information about me with each other in a meeting setting. The purpose of sharing this information is to help identify the right program for me based on eligibility and service need. Desired restrictions on data sharing can be submitted in writing to any agency that uses UNITY.
- **Unless I place restrictions in writing on the agencies that may see information about me, all agencies using the UNITY will be able to see the information that this Agency inputs to UNITY.** I understand that upon my request, this Agency must show me a list of the CoC member agencies participating in the UNITY Information Network at the time I sign this consent/authorization. I may also access the most current list at [www.THHI.org/unity/](http://www.THHI.org/unity/).

- Social service agencies that join the UNITY after I sign this consent/authorization also will have access to the personal information I authorize for sharing through this consent/authorization. This Agency must make reasonable accommodations for me to view the updated list of CoC member agencies that may access my information pursuant to this consent/authorization for so long as this consent/authorization remains in effect.
- This form authorizes the transfer of my information, including personally identifying information, from UNITY Information Network to a data warehouse environment for coordination of care and data analysis.
- This form authorizes the use of my information in research conducted using information maintained in UNITY. I will not be personally identified by name, social security number, or any other unique characteristic in published research reports.

**What rights do you have regarding your information?**

You have the right to:

- Inspect and obtain a copy of all your records in UNITY.
- Update information about you when the information in the UNITY record is inaccurate.
- Receive a list of people who have viewed your protected personal data in UNITY for the seven years prior to the date you request the information.
- Revoke your consent/authorization at any time.

You can exercise your rights by making a written request to this Agency.

**Your consent/authorization will automatically expire seven (7) years from the date of this form** in the event that you do not revoke your consent/authorization earlier. However, it is important to note that if your consent/authorization expires or is revoked, the expiration or revocation (as the case may be) shall not apply to any of my data or information that has already been collected.

If you believe that your privacy rights have been violated, you may submit a written complaint to this Agency or submit a written complaint to:

UNITY Information Network  
 Tampa Hillsborough Homeless Initiative  
 P.O. Box 1110  
 Tampa, FL 33601

If you have additional questions that the person assisting you with this form cannot answer, you may contact UNITY Information Network Staff at 813-223-6115.

**By signing below, I affirm that I have read this document or it was read and/or explained to me and I fully understand and agree with the terms of this document.**

\_\_\_\_\_  
 PRINT CLIENT NAME

\_\_\_\_\_  
 CLIENT UNITY ID NUMBER

\_\_\_\_\_  
 SIGNATURE OF CLIENT OR GUARDIAN

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 PRINT AGENCY WITNESS

\_\_\_\_\_  
 SIGNATURE OF AGENCY WITNESS

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 PRINT AGENCY NAME

If applicable, please list household members who under 18 and are included in this consent authorization:

\_\_\_\_\_

\_\_\_\_\_