

## **Data Sharing & Client Consent Form**

Authorization for Release of Information

I understand that this agency, along with many others, participates in VESTA – a community software system. I know that VESTA collects information about many different people who get services and housing in the Greater Cincinnati area in order to understand more about who needs assistance or are homeless and to be able to report to the funders who pay for the programs. I know that data about myself and others in my household who receive services are maintained in VESTA by the agencies which serve me and display a VESTA USED HERE logo. I understand that I have a right to see my electronic record, ask for changes, and to have a copy of my record printed from any VESTA agency that has served me upon written request.

Client name	SSN	DOB
Dependent Children under 18:		
<del></del>		

Only authorized staff from agencies that have provided me housing or services and who have signed a VESTA confidentiality agreement will be allowed to see, enter, or use information kept in VESTA.

## **Required Data Sharing**

If at any point I need emergency assistance (food, financial assistance, clothing, etc.) from a community agency I understand that the assistance they provide me may be shared with other emergency assistance agencies. I understand that I have the right to refuse consent to share information in VESTA but that depending on the emergency assistance I need, it may be denied to me based on the agencies' ability to coordinate the services through VESTA with other providers.

If at any point I'm homeless and seek street outreach, emergency shelter, transitional housing, rapid re-housing, permanent housing or services from an agency using VESTA, I understand that the agency is required by the federal funders to enter my information into VESTA. The agencies using VESTA and providing homeless housing/services are also required to export all fields required by federal funders to another database. In Ohio it is sent to Clarity Human Services (a Homeless Management Information System - HMIS) administered by Strategies to End Homelessness, and in Kentucky it is sent to Service Point, administered by Kentucky Housing Corporation.

## **Data Sharing & Client Consent Form**





Data Only Shared by Signing This Consent.

## With this signed consent - I agree:

- 1. That all agencies that use VESTA will be able to see and update basic information about me including: name, social security number, gender, race, ethnicity, birth date, veteran status, and proof of homelessness. I understand that the information about me (and my dependent children) will move electronically between agencies in Greater Cincinnati that participate in VESTA and will be available to them as I apply for their services or housing. If I do not sign this consent my information will not be available through VESTA to any other agency to see.
- 2. That if at any point I have been or become homeless, I understand my homeless certificate, stored in VESTA, will be available to agencies that may need it to serve me. I understand the certificate will flow electronically to other agencies participating in VESTA and can be printed and given to me at my request to provide to agencies who do not participate in VESTA. If I do not sign this consent my homeless certificate will not be available through VESTA to any other agency to see.
- 3. I also understand that in Ohio if I receive food and have signed the "Eligibility to Take Food Home" form, data about myself and my children will be provided to the PantryTrak Database of Mid-Ohio Foodbank. *If I do not sign this consent my information will not be shared with anyone outside of VESTA*.
- 4. I understand that if I receive services from an agency funded by the United Way of Greater Cincinnati, and I have signed the United Way "Consent to Data Sharing Form", data collected about myself and my children will be provided to the United Way Community Research Initiative. If I do not sign this consent my information will not be shared with anyone outside of VESTA.
- 5. I understand that the owner of VESTA, The Partnership Center, Ltd. is not responsible for data used by another database to which required data was exported and that it is the position of The Partnership Center that any personally identifying information sent to one of these systems should not be shared without my expressed written consent to them held within their database or files. Signing this consent does not enable sharing of personally identifiable information by any other system.
- 6. I understand that this consent is strictly about the data in VESTA and does not replace an agency's responsibility to have me sign a Release of Information if they are providing data or information about me to any other person or agency. Signing this consent does not replace or change any other information sharing agreement that I have signed or declined to sign.
- 7. Except as described here, I understand the database administrators will never give personally identifying information about me to anyone, except as required by law through a court order or in the event of a public health emergency such as a tuberculosis outbreak. The database administrators may, however, provide Information in VESTA that does not include any personally identified information to be used for research.

I understand I do not have to sign this consent. If I choose not to sign the consent form the agency will enter my information in VESTA and data sharing will be limited to the requirements described on page 1. I also understand I can withdraw my consent at any time by informing this agency in writing that I wish to do so. I understand that an electronic copy of this document containing my electronic signature will remain on file and that this consent will expire three years from today.

X	
Client signature (or other adult household member)	Date
X	
VESTA User ID of witness	