Notification, Consent and Authorization

I ______________________________ understand that the **Participating Agency** is affiliated to the **Continuum of Care (CoC) of the PR 502** and is part of "**Proyecto Enlace" and "Derecho a Techo" Coordinated Entry System** for which I consent and authorize the following:

The collection of my personal and health information, on paper or in electronic media, the preparation of files related to the services provided by the **Participating Agency**, and the sharing of such information with "**Proyecto Enlace", Derecho a Techo Coordinate Entry System** and all those that are part of the **CoC PR 502**.

I also certify that the **Participating Agency** has notified me of the "**Privacy Practices Notice**". I hereby sign this notice as evidence of receipt of the notice, and authorize that they may use and disclose my information, in accordance with the limits set forth below, and in order to be located in housing, in compliance with applicable law.

The information and records compiled by the **Participating Agency** will be included in the Homeless Management Information System (HMIS), which is administered by "**Projecto Enlace**", and will be used by **Derecho A Techo-Coordinated Entry System** and the **Participating Agency** to:

Provide case management, identify needs and plan services among participating agencies of the **CoC PR 502**; submit reports of the services received and for any other necessary purposes in accordance with the Federal regulation, maintaining the privacy, confidentiality and security of such information, whether on paper or in electronic media.

I understand and accept that my information:

May be shared with other agencies or entities of the CoC PR-502, either on paper or electronic means.
Can include health information or other information protected by HIPAA and/or any other state or federal law related to the privacy, confidentiality, and security of such information.

Such consent may be revoked at any time by writing.
I have the right to:

Inspect and request copies of all documents that have the (Participating Agency) related to the services provided;
Request to be informed of the services to which I am entitled, confidentially, in compliance with state and federal law relating to the privacy and security of my information, on paper or in electronic media;
Make a written complaint to the (Participating Agency and/or COC PR 502) in case of violation of my privacy without retaliation against me. File a complaint with the **CoC PR-502** In case you understand that I have been discriminated against to receive the services.
Revoke this written authorization.

Cancellation will not apply retroactively to information disclosed during the validity of this authorization.

The **Participating Agency** reserves the right to modify the terms and conditions of this notice and consent and to review it from time to time as long as this new amendment does not violate the participant's rights or prior consent. This document shall be enforced for a period of three (3) years to expire in ______________________.
Date

Also, I, ____________________________________, don't authorize you to____
Name of the Participant — Participating Agency

Use or disclose the following information, please select with a matching mark in the box the alternative (s) **you do not authorize**:

______Universal Identification Information
______Physical health information/disability
______Mental Health information
______Use and abuse of controlled substances/Alcohol
______Chronic health condition
______Developmental disability
______HIV/AIDS
______Income
Other: ____.

I certify that I have read the provisions of this authorization, that I understand them and that I agree with the terms and conditions within.

Patient's name (mould letter)	Participant Signature	Name of the interviewer
	______________________. Date	______________________. Date

The first part undertakes not to discriminate against any person based on its actual or apparent race, color, religion, national origin, sex, gender identity (as defined in Title 18, paragraph 249 © (4), of the United States Code, guidance Sexual or disability, be excluded from participating in denying you benefits of being discriminated against under any program.