



Multnomah County Coordinated Access Verbal Release Form

- Assessor, read the following script to the participant at the time of MSST assessment.
- Only use this form for Coordinated Access.
- Check the correct box under the Participant's Decision header.

“To best assist you, we will enter your information into a database. The database helps us manage our services. We protect your information using reasonable safeguards. If you let us, we will share your information to the Coordinated Access network of providers. Allowing your information to be viewed allows us to better serve you. You will have improved access to services such as housing.

Do you have any questions?

Do you agree to share your information with the Coordinated Access network?”

(end of script)

Assessor, answer any questions the participant may have. For a full disclosure of a participant's data rights, visit <https://johs.us/hmis-links-for-providers>. Then view the Privacy & Security Notice. The Privacy & Security Notice must be made available to participants upon request.

Date:

Participant's Name:

Participant's Decision (check only one box)

- Yes, share** participant's information with the Coordinated Access (CA) network.
- No, do not share** participant's information with the Coordinated Access (CA) network.

Information sharing occurs within HMIS for 7 years.
Retain this form for 7 years.