



Client Consent Form

Authorization for Release of Information

Client name

SSN

DOB

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 is in need of assistance or are homeless and to be able to report to the funders who pay for the programs.

With this written consent, I understand and agree 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 also give consent for the minor children in my household including:

Dependent Children under 18:

I understand that the information about me (and my children) will move electronically between agencies that participate in VESTA and will be available to them as I apply for their services or housing.

I also know that this agency may now have, or may have at a later date, a partnership agreement with other agencies to allow these agencies to share additional information including income, benefits, case plan, goals, progress toward goals, and services provided to me. I understand that I may request a list of which agencies have access to my data at any time from any agency providing me services.

If at any point I have been or become homeless, I understand my homeless certificate will be stored in VESTA and will be available to agencies that may need it to service me. I understand that any homeless agency serving me can provide me with a copy of my homeless certificate, if I ask for it. I also understand that I cannot be denied homeless housing or services because of any information contained in VESTA.



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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.

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

No agency staff or the database administrators will ever give information about me to anyone outside this system without my written consent, except as required by law through a court order or in the event of a public health emergency such as a tuberculosis outbreak. Information in VESTA that does not identify me may be used for research.

I understand I do not have to sign this consent in order to receive services. If I choose not to sign the consent form the agency may enter my information in VESTA but it will not be shared with any other agency.

I 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.

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.

x

Client signature (or other adult household member)

x

VESTA User ID of witness