



Client Consent Form
Authorization for Release of Information

Agency name

Program name

Client name

SSN

DOB

I know that this agency enters data into the community database called VESTA®. This database collects information about a variety of people who receive services in the area including homeless people in order to help pay for services and generate statistics on how to do better at providing housing and services.

With this written consent agencies that offer me housing or services may enter into VESTA basic information about me (and my children, if applicable) such as name, social security number, gender, race, ethnicity, birth date, veteran status, and proof of homelessness; in the event that my information is already in VESTA, other agencies using VESTA that serve me will be able to see and update it as appropriate. This consent does not permit the sharing of any data other than this basic information.

Only agency staff members and database administrators who have signed a confidentiality agreement will be allowed to see, enter, or use the information kept in VESTA. Neither this agency nor 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.

Information in VESTA may not be used to deny me housing or services. I do not have to sign this consent in order to receive services. I may withdraw my consent at any time by informing this agency in writing that I wish to do so. This consent will expire three years from today.

I have a right to see my electronic record, ask for changes, ask for a printed copy of my homeless certificate if there is one, and to have a copy of my record from this agency upon written request.

x

Client signature

Date

x

Agency witness

Date