

Contact Information and Confidentiality Form**
2018 HOMELESS POINT-IN-TIME COUNT (PIT)

Name: _____ Phone #: _____

Position: _____ Agency: _____

E-mail: _____

Emergency Name and Contact #: _____

Preferred Geographic Region: _____

2018 Point-In-Time Count Statement of Confidentiality
MUST BE SIGNED BY ALL SURVEYORS

All agency/outreach staff and volunteers associated with the collection of homeless population data during the 2018 Unsheltered Point in Time Count are subject to certain confidentiality guidelines.

These guidelines apply to all data collected during the one-week period from January 23rd to January 29th and to any data that may subsequently be entered into the HMIS from this period. The State of Hawaii's HMIS contains an appreciable amount of client information that must be confidentially maintained. There are several guidelines that the State of Hawaii would like to address regarding the collection and entry of client data into the HMIS for agency staff or volunteers.

- All client information gathered during the 2018 PIT will be held strictly confidential.
- All completed surveys will be kept out of public view.
- Personal HMIS user identifications and passwords will be kept secure and will not be shared.
- Client information viewed from within the HMIS is to remain confidential, regardless of whether an employee's job is terminated or concludes for any reason.
- Falsifying information about any client is strictly prohibited.

Your signature below indicates your agreement to comply with this statement of confidentiality.

Agency, if Applicable: _____

Print Name: _____

Signature: _____ Date _____

**Please gather and send all completed forms to the lead coordinator for your particular region. The lead coordinator will be responsible for collecting all consent forms.