

Louisiana Services Network Release of Information for Individuals affected by Domestic Violence

When you request or receive services from _____ (agency name), we collect information about you and your household and enter it into the computerized Louisiana Services Network (LSN) System. This program helps us to better understand homelessness, to improve service delivery to the homeless, and to evaluate the effectiveness of services provided to the homeless. LSN System is used by over one hundred social service agencies throughout the state that provide services to homeless and low-income persons. Collectively, data on the homeless population in Louisiana (but not personal identifying information) is used in statewide reports on homelessness.

What information is collected? Depending on your situation, you may be asked for some or all of the following:

- **Basic identifying information** (name, SSN, date of birth, gender, race, marital and family status, household relationships, phone numbers, military veteran status)
- **Housing information** (address, type of housing, homeless status, reason for homelessness)
- **Income information** (sources and amounts of household income, employment information, work skills)
- **Legal history/information** (US Citizenship, immigration status and sponsorship, arrest/conviction/parole records, domestic violence/sexual assault offender)
- **Medical information** (disability and general health status, pregnancy, immunizations, health care provider/ physician, medical problems/allergies, hospitalizations, insurance, HIV/AIDS, Tuberculosis, dental)
- **Services** needed and provided; outcomes of services provided

Why should you agree to have your information shared with other agencies that use the LSN System?

By sharing your information with these agencies, you will help them:

- Identify other services or programs you may be eligible for,
- Better coordinate services for you and your household,
- More accurately count the number of homeless persons, services available and other services needed,
- Show the people who fund homeless programs that the services are needed and
- Obtain other funding for programs that serve homeless persons.

It is safe for you to share your information with these agencies because:

- The LSN System has high computer security standards, including password protection, to keep your information for authorized users only,
- All LSN System users are social service professionals who are trained to keep your information private and secure,
- All agencies using the LSN System have agreed to strict confidentiality standards which were designed with your confidentiality and safety in mind.

CLIENT INFORMED CONSENT/RELEASE OF INFORMATION AUTHORIZATION

I understand that my personally identifiable information will be entered into LSN System, but will never be shared outside of this agency without my consent. I further understand that my identifying information may be seen by the LSN System Administrators and its contractors who manage the software database.

You may consent to share identifiable information with some LSN Partner Agencies by indicating below.

Yes, you may share information about me, but only with the following LSN Partner Agencies:

(List Agency) _____

My Rights:

- I may see and request a copy of any information used/disclosed (as permitted by federal or state law)
- I understand that I can refuse to sign this authorization and my refusal will not affect my ability to obtain services, payment of services, or my eligibility for benefits.
- I can cancel this authorization in writing, at any time, but if I do, it won't affect actions taken before _____ (agency name) receives the cancellation. I can send the notification to cancel authorization to _____ (agency address).
- I understand that information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by federal or state law

Your release of information authorization is valid to a maximum of three years from the date of this document. You may cancel this authorization at any time by written request, but the cancellation will not be retroactive. Signing this form does not waive non-disclosure rights.

SIGNATURE OF CLIENT OR GUARDIAN DATE

SIGNATURE OF AGENCY WITNESS DATE