**Coordinated Entry for All - Case Conferencing Data Use Agreement**

Coordinated Entry for All (CEA), uses a case conferencing model to ensure that the outcomes of the CEA Housing Triage Tool more closely align with the community’s prioritization process by accounting for unique population-based vulnerabilities and risk factors. In addition, it provides an opportunity to partner with agency staff that have direct daily contact with people experiencing homelessness. During weekly conferencing high-priority individuals are matched to Housing Navigators and available housing resources. In order to participate in case conferencing, Housing Navigators are provided confidential information about clients in HMIS.

This agreement will allow for the parties involved in CEA case conferencing to locate program participants to link with services, verify occasions of homelessness through third party verification, and refer to additional community resources and programs, and other scenarios to assist the program participant in resolving their housing crisis.

**USER CONFIDENTIALITY AND DATA USE AGREEMENT**

I understand that I will be allowed access to confidential information and/or records from the King County Homeless Management Information System (HMIS) for the sole purpose of participation in the Coordinated Entry for All case conferencing process. I understand that this is not an agreement to gain a user ID for HMIS.

I further understand and agree that I will not disclose such confidential information and/or records to third parties for any purpose.

At no time will I allow or cause confidential information and/or records to be accessed or released except as allowed by the applicable HMIS Release of Information.

I agree to use appropriate safeguards to prevent the unauthorized use or disclosure of the protected information.

I agree to notify the CEA Referral Specialist when I terminate my participation in CEA case conferencing and I understand that this will signify an end of my access to HMIS data under this agreement.

By signing this document I acknowledge that I have been informed of the relevant laws concerning access, use, maintenance and disclosure of confidential information and/or records available to me from HMIS.

**Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Organization**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_