



Authorization to Release Information

The organizations listed below are participating in the Prevention/Rapid Rehousing Program which is designed to assist families experiencing a housing crisis. The Authorization is designed to permit those organizations to share client information in order to collaborate on services and promote housing stability.

Client Name: _____	Date of Birth: _____
Client Name: _____	Date of Birth: _____
Address: _____	Phone: _____

- Five County Association of Governments
 - Department of Workforce Services (DWS)
 - The Washington County Volunteer/Resource Center
 - Dixie Care & Share
 - Southwest Behavioral Health Center
 - St George Housing Authority
 - Volunteer Clinic and/or Family Healthcare
 - Vocational Rehabilitation
 - Red Rock Center for Independence
 - LDS Transient Bishop’s Office
 - Washington County School District
 - Washington County Sheriff’s office
 - St. George Police Department
 - Adult Protective Services (APS)
 - Adult Probation and Parole (AP&P)
 - The Division of Child and Family Services
 - Dove Center, Domestic Violence Shelter
 - Erin Kimball Memorial Foundation-DV
 - Intermountain Health Care
 - Grace to Families - Advocates
 - Resource & Reentry- Advocates
 - The Utah Food Bank & Local Food Pantries
 - Veteran’s Administration & Southern Utah VA Home
 - Utility Companies (Questar Gas, St. George Utilities, etc)
 - Other agencies/people the team may contact (list):
- _____
- _____
- _____

Information to Be Released: Only authorized personnel will share client information needed for service delivery, program eligibility, to track demographic trends, service patterns and the client outcomes achieved. Non-personally identifying information may also be used for the purposes of research and reporting to other services agencies, current and potential program funding sources, and other programs offered by.

For the Purpose of: (a) providing coordinated housing, medical, social, psychological, and other services to me, (b) evaluating the outcomes related to service delivery, and (c) to improve coordination of services to assist individuals experiencing a housing crisis, and (d) to identify barriers and service gaps that block the path out of homelessness. In the event of the publication of the results of the program, my identity will be kept confidential, although information about my circumstances may be discussed.

Right to Revoke: This authorization is subject to revocation at any time except to the extent that the agencies which are to make the disclosures have already taken action in reliance on those disclosures.

Potential Re-disclosure: In understand that information that I authorize to be disclosed may be re-disclosed and not subject to medical privacy regulations. However, federal confidentiality rules (42 CFR, part 2) prohibit recipients from making any further disclosure of alcohol and substance abuse records unless further disclosure is expressly permitted by written consent of the person to whom they pertain or if disclosure is otherwise permitted by 42 CFR, part 2. The Federal rules restrict any use of the information to criminally investigate or prosecute and alcohol or drug abuse client.

By signing bellow, I authorize the above listed organizations to share information as it relates to my housing needs.

_____	_____
Client Signature	Date
_____	_____
Client Signature	Date
_____	_____
Case Manager Signature	Date