



## Homeward Alliance Partner Agency Release of Information

**This notice explains how information about you may be disclosed and used. Please read it carefully and ask any questions you may have.**

The collection and use of your personal information is guided by strict standards of confidentiality. Data collected is used for reporting on the health and human service needs in our community. Unless restricted by other laws, the information we collect can be shared and disclosed under the following circumstances:

- To provide or coordinate services.
- For payment or reimbursement of services for the participating organization.
- For administrative purposes, including but not limited to HMIS system administrator(s) and developer(s), and for legal, audit personnel, and oversight and management functions.
- For creating de-identified personal information.
- To prevent a serious threat to health or safety.
- As required by law, for victims of abuse, neglect, or domestic violence.
- For research purposes.
- Other uses and disclosures of your personal information can be made with your written consent.

**I consent to the disclosure of my health and case management information among the members of the NOCO CoC, and other Homeward Alliance Partner Agencies, for the provision, coordination, and management of my health care, mental health treatment and case management. A complete list of active Homeward Alliance Partner Agencies is listed here:**

<https://www.homewardalliance.org/hwa/hwa-partneragency-roi/>

**Additional Agency (Print):** \_\_\_\_\_

**Additional Person(s) (Print):** \_\_\_\_\_

This consent is subject to revocation at any time, except to the extent that the Partner Agencies have already acted in reliance upon it. If not previously revoked, the consent will expire seven years from this date or on this specific date:

\_\_\_\_\_  
Guest's Name Date

\_\_\_\_\_  
Guest's Signature Date

\_\_\_\_\_  
Parent's or Legal Representative's Signature Date

**Refusal to give consent:** \_\_\_\_\_ Date \_\_\_\_\_

**Notice to Recipient of Disclosure:** This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug use patient.