

Permanent Supportive Housing for the Chronically Homeless

Authorization for Release of Information



I, _____,

Address: _____

Date of Birth: _____

Social Security # _____

Hereby voluntarily consent for Family Promise of Sussex County to obtain and exchange information with:

Name: _____

Address: _____

Phone Number: _____

Email or FAX: _____

For the purpose of: _____

Related to dates of services: _____

I understand that I may revoke this consent at any time except to the extent that action has been taken in reliance upon it. This consent will expire one year after the date of signing. Any of the requested information may include result of alcohol/drug abuse and/or diagnosis and treatment of psychiatric disorders as well as HIV status.

I hereby release Family Promise of Sussex County, its employees and officers from any legal responsibility or liability for disclosure of or receipt of the above information to the extent indicated and authorized.

Client Name

Date

Agency Staff Signature

Date