

Consent for the Release of Confidential Information For the HCV Homeless Preference

Referring Agency: _____

Referring Agency Contact Name: _____

Contact's Phone Number: _____

I, _____,
(Name of Applicant with HMIS Number)

authorize the Referring Agency and _____
(Name of HARA agency)

and the _____
(CoC Homeless Management Information System Administrator)

permission to disclose information or communicate between each other and the Michigan State Housing Development Authority (MSHDA) Assigned Housing Agent regarding:

1. Homeless Certification Information;
2. Applicant Profile Information (locations, address and/or other contact information);
3. Changes in voucher status notification, including reasons for change.

The purpose of the disclosure authorized in this consent is to:

- Assist the MSHDA-assigned Housing Agent in locating or assisting an applicant when their name has been selected from the waiting list;
- I understand that there may have been information shared based on this consent when it was in effect. Ending this consent cannot change that;
- I understand that I may end this consent with a notice in writing;
- I understand that my treatment records are protected under state and federal regulations governing confidentiality of patient records;
- The regulations are the Federal Law of Confidentiality for Alcohol and Drug Abuse Patients, (42 DFR, Part 2) and the Health Insurance Portability and Accountability Act of 1996 (HIPPA), 45 CFR, Parts 160 and 164;
- These records cannot be shared without my written consent except as provided for in the regulations;
- I understand that my treatment will not change based on whether I sign this consent form.

Signature of Applicant

Date

Signature of Guardian, or authorized representative (if required)

Date