|  |  |
| --- | --- |
| Name: | Date of Birth: / / |

I hereby authorize the use or disclosure of my individually identifiable health information as described below. I understand that this authorization is voluntary. I understand that if the organization authorized to receive the information is not a health plan or health care provider; the released information may no longer be protected by federal privacy regulations.

I hereby authorize Springfield/Hampden County Homelink to **release** information obtained as part of the VI-SPDAT process to the following agencies to obtain possible housing matches for me:

After-Incarceration Support Services

Bi-Lingual Veterans Outreach

Catholic Charities

Center for Human Development

City of Springfield Office of Housing

City of Springfield Veterans Services

Disabled American Veterans

Domus, Inc.

Elliot Community Human Services

Friends of the Homeless

Gandara

HAP Housing

Human Resources Unlimited

Mental Health Association

Mercy Hospital Health Care for the Homeless

New England Farmworkers Council

Open Pantry Community Services

Providence Ministries

River Valley Counseling Center

Samaritan Inn

South Middlesex Opportunity Council

Springfield Partners for Community Action

Springfield Veterans Center

Veterans Administration

YWCA

These agencies have agreed to use the information provided only to link clients with housing or support services.

INFORMATION TO BE DISCLOSED: (Applicant should **check and initial all that apply**)

 HIV/AIDS Status \_\_\_\_\_\_\_\_\_\_

 Alcohol/Drug Treatment \_\_\_\_\_\_\_\_\_\_

I understand that I have the right to revoke this authorization at any time. Any revocation must be made in writing and either mailed, or hand delivered, to the Administrator for the Hampden County Continuum of Care at 1600 East Columbus Avenue, Springfield, MA 01103.

This does not apply to information that has already been released prior to receiving the revocation.

If not previously revoked, this authorization will expire in one year unless otherwise specified (not to exceed 1 year).

Springfield/Hampden County Homelink, its employees, and officers, are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein.

**YOU MAY REFUSE TO SIGN THIS AUTHORIZATION BUT WILL ONLY RECEIVE TREATMENT AND BENEFITS THAT THAT YOU ARE ENTITLED TO AS LONG AS THEY DO NOT REQUIRE THE ABOVE INFORMATION TO DETERMINE ELIGIBILITY.**

Client’s Signature Date/Time

Print Name

Witness Date/Time