

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

Name: _____ DOB: _____

By signing this form, I authorize Lane County to disclose and receive information to and from Oregon Housing and Community Services (OHCS) regarding the following:

- Client/Applicant Profile Information (name, address, other contact or household information)
- Client/Applicant Eligibility Information (income, homeless status, qualifying disability)
- Client/Applicant Plan Information (eligible activities)
- Client/Applicant Forms (for purposes of monitoring agency functions)

Personally identifiable information is protected by federal laws (Privacy Act of 1974, as amended) and will be collected for the purpose of determining program eligibility, providing assistance/service, data collection, reporting and monitoring. Personally identifiable information will be shared with Oregon Housing and Community Services and other state agencies with an information sharing agreement with OHCS and are administering programs that serve the same or similar clients or populations, as is necessary to carry out the intent of an assistance or service program for the benefit of the person applying for such assistance or service and will be disclosed to Oregon Housing and Community Services without written authorization.

Refusal to sign such authorization cannot be the basis for denying program services to otherwise eligible applicants/participants. Applicant/Participant refusal to sign a Release of Information does not negate the inclusion of personally identifiable information in secure reporting to Oregon Housing and Community Services. Oregon Housing and Community Services will de-identify applicant/participant demographic data for the purposes of reporting.

In addition to OHCS, I give Lane County permission to disclose and receive information to the agencies listed below:

- ☐ Homes for Good
- ☐ McKenzie-Valley Long-Term Recovery Group
- ☐ Oregon Department of Human Services
- ☐ Other: _____

The participant ☐ DOES ☐ DOES NOT grant authorization for the release of information outlined in this form.

The client was provided this information:

- ___ Verbally
- ___ In writing

Client Signature _____ Date: _____