PERMISSION TO RELEASE CONFIDENTIAL INFORMATION TO SECURE NECESSARY SERVICES

HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS

I authorize personnel of _____ or this local agency _____ to share my identity, the fact that I have a confirmed diagnosis of HIV or AIDS, and that I seek their services for support. I authorize only those agencies or individuals who are listed below. Unless I have initialed and signed additional release forms for specific purposes, no information which might identify me may be shared by representatives of _____ or this Agency with any other person or organization. I understand that _____ or this Agency will take all necessary precautions to protect my identity. This consent expires _____ months after signed, when revoked, in writing, by the authorized person, or upon exit from the program.

By my signature below, I hereby agree that I shall not hold _____ or this Agency _____ liable for the performance or quality or degrees of performance of services agreed to by affiliates. I authorize _____ and this Agency _____ to release my identity, my HIV/AIDS status when necessary, and my need for services and support to the individuals, groups, or agencies listed below.

Name of Authorized Persons*	**Applicant's Initials**	**Date**
Agency Name:		
Case Manager:		
Physician:		
Clinic:		

**This includes Clergy, Counselors, other Agencies, Family members, Attorneys, Landlords, or anyone that the client may so choose.*

My signature below, authorizes _____ (Agency) to release necessary information to the agencies and individuals initialed by me, above. Further, if I am unable to participate in a determination of those services which would be of benefit to me, or my permission is needed in the future to authorize additional services for this program, my signature below authorizes the named individual to sign for assistance for me in my absence after receiving my verbal permission. Finally, if I am unable to make decisions, the person listed below is hereby authorized to represent me:

Print Name of Designated Individual — Relationship

Address — Phone/Fax

Client Signature — Date

Witness Signature — Date

NOTES: _____

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