

PSH Provider Consent

Authorization to Release or Obtain Information For Permanent Supported Housing Program Eligibility (including paper, oral and electronic information)	
Name:	Request Date:
Mailing Address:	Date of Birth:
City/State/Zip:	Medicaid ID # or Social Security #:
I authorize:	
Name:	
Mailing Address:	
City, State, Zip Code:	Phone #:
<input checked="" type="checkbox"/> To Release Information TO OR <input checked="" type="checkbox"/> To Obtain Information FROM <i>(Place an 'X' in the box that indicates if the information is being released OR requested.)</i>	
Name:	
Mailing Address:	
City, State, Zip Code:	
Relationship:	
Telephone Number:	
The Purpose of this Authorization is indicated in the box(es) below <i>(Place an 'X' in the box(es) that apply.)</i> <input checked="" type="checkbox"/> Eligibility Determination <input checked="" type="checkbox"/> Other: (Specify) Continuation of care in providing resources, services, and housing.	
I authorize the release of the following information (describe information being requested): Evaluations, Diagnosis, and/or related information for eligibility determination for Permanent Supportive Housing (PSH).	
This authorization shall expire on _____ (date or event) and is needed for the period beginning _____ and ending _____ .	
I understand that if I do not specify an expiration date, this authorization will expire six (6) months from the date on which it was signed. I acknowledge that I have read both pages 1 and 2 of this form.	
Signature of Individual or Personal Representative Authorized by Law	Date
Signature of Witness <i>(If signed with an 'X' or mark)</i>	Date
For _____ Housing Support Team Use When Requesting Records <i>I am authorized to receive this disclosure. Documentation on the above Personal Representative has been obtained.</i>	
Signature and Title of Agency Representative	Date

Important Information about Authorization

You do not have to sign this form. If you agree to sign this authorization to release or obtain information, you will be given a signed copy of the form. If you do not agree to release of information required to determine your eligibility for enrollment in our housing program, we may not be able to make the required eligibility determinations.

A separate signed authorization form is required for the use and disclosure of health information for:

- Psychotherapy notes
- Employment-related determinations by an employer
- Research purposes unrelated to your treatment

When required by law or policy, PSH **Support Services** may only obtain, use and disclose your health information if the required written authorization includes all the required elements of a valid authorization.

An authorization is voluntary. You will not be required to sign an authorization as a condition of receiving treatment services or payment for health care services. If your authorization is required by law or policy, PSH **Support Services** will use and disclose your health information as you have authorized on the signed authorization form.

You may be required to sign an authorization form for the purpose of creating protected health information for disclosure to a third party. *Example:* In a juvenile court proceeding where a parent is required to obtain a psychological evaluation on their minor by (LLA), the parent may be required to sign an authorization to release the evaluation report (but not the psychotherapy notes) to PSH **Support Services**.

You may cancel an authorization in writing at any time. PSH **Support Services** cannot take back any uses or disclosures already made before an authorization was cancelled.

Information used or disclosed by this authorization may be re-disclosed by the recipient and will no longer be protected by PSH **Support Services** PRIVACY policies.