AUTHORIZATION TO RELEASE/EXCHANGE INFORMATION

Last Name: _____ First Name: _____ DOB: _____

I, _____ authorize Jewish Family Services (hereinafter "Provider") staff to disclose/exchange protected information and records obtained in the course of receiving services at the migrant shelter. Such disclosure shall be limited to information sharing for the following purposes (Check all that apply):

☐ Advocacy and Case Management	☐ Resource Coordination	☐ Medical Referrals
☐ Family Sponsorship Coordination	☐ Immigration Check-Ins	☐ Off-site appointments
☐ Other:		

Rights

I understand my records are protected under federal regulations and cannot be disclosed without my written consent, unless otherwise provided for in the regulations. I can refuse to sign this authorization. I understand that I may inspect or obtain a copy of the information used or disclosed, as provided in 45 Code of Federal Regulations section 164.524. I understand that I have the right to revoke this authorization at any time. I understand that the revocation will not apply to information that has already been released based on this authorization. Any revocation or modification of this authorization must be in writing and received by Provider.

By signing this form, I waive any rights to tenancy and/or relocation benefits for myself and all members of my family. This was provided to me in my primary language either verbally or written form.

Expiration

This authorization will remain valid through: _____ (date)

_____	_____	_____
Head of Household Signature	Head of Household Printed Name	Date
_____	_____	_____
JFS Staff Signature	JFS Staff Printed Name	Date