

INSERT ORGANIZATION LOGO
HERE

RELEASE OF CONFIDENTIAL INFORMATION

Client ID _____

Disaster relief agencies, voluntary organizations and government agencies active in disaster recovery are committed to respecting your privacy. It is necessary at times for organizations to share personal information gained during your partnership to coordinate and provide disaster relief assistance. Therefore, your written consent to share and receive information for disaster-related services is necessary. By initialing next to each statement below, you affirm the organization can share or receive your household's information appropriately to advocate on your behalf and avoid duplication of services.

Please initial next to each statement

	I authorize my disaster case management organization to share and receive my personal information, including, but not limited to: name, address, assistance received for disaster recovery, in order to coordinate available resources and services.
	I understand I may revoke this consent at any time by contacting my disaster case management organization in writing.
	I have had the opportunity to ask clarifying questions.
	I understand this release will no longer be valid 90 days after the closure of the disaster recovery project.

Are there organizations with whom you would **not** want information shared? ☐ YES ☐ NO

If YES, please list:

CLIENT AFFIRMATION – Please sign below

☐ I/We affirm that my/our household lacks resources necessary to recover from this disaster and would like to partner with a disaster case manager who would assist in accessing disaster recovery resources necessary for my/our recovery.

Client Signature

Date

Co-Applicant Signature

Date

Disaster Case Manager Signature

Date