**Spirit & Sand Authorization for Release of Information**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (client), hereby authorize **Spirit & Sand** and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name/agency) to exchange information on my behalf.

* The type of information to be disclosed:
* Evaluations
* Medical/Hospital Records
* Diagnoses
* Psychological/Medical Test Results
* Treatment Plan
* Legal History
* Health Summaries
* Housing history
* Diagnoses
* Other (please describe) All housing matters with Saint Paul Public Housing Agency

The purpose of such disclosure:

* Coordination of Care
* Consultation
* Case Management
* Legal issues
* Other (please describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This consent is in effect until \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (typically one year from date signed).

*I understand that I may revoke this authorization, in writing, at any time unless action based on it has already taken place. I hereby release all parties stated herewith from any liability resulting from the release of this information. I agree that a photocopy of this release shall be as valid as the original. This is to certify that I have given consent freely and voluntarily, and that the benefits and disadvantages of releasing the information, if known, have been explained to me.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Client or Personal Representative

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date