

Prince William Area Continuum of Care Client Consent Form

This consent form is used to share client information with a specific entity, for a specific, time-limited purpose. **This consent is valid for 90-days for a one-time exchange of information or for one-year for the provision of ongoing services.** *This consent is different than, and separate from, the PWA HMIS Release of Information and is for the purpose of sharing information outside of that system.*

I, _____, authorize this agency, _____,
(Client Name) *(Agency Name)*
to share the information identified below with the entity listed on this form as of, _____,
(Start Date)
through, _____, at which point this authorization will end.
(End Date)

1. Reason for this Release (check only one response):

- Release of information from this agency for a specific purpose
- Request for information from an outside entity for a specific purpose
- Regular exchange of information between this agency and the entity listed below on an ongoing basis (no more than one year) for the purpose of service provision.

2. Outside Entity Name & Point of Contact (POC):

- a. Entity Name: _____
- b. POC Name & Title: _____
- c. POC Phone: _____
- d. POC Email: _____

3. Specific Information to be Disclosed: _____

By signing below, I understand my personal information cannot be disclosed without my written consent except where required by law and that I may revoke this consent at any time with written notice to the agency for which I am completing this form. Consent must be obtained for each adult in the household (18+) and consent for minor children must be provided by the legal parent/guardian.

Client Printed Name: _____ Date: _____
Client Signature: _____

Authorizing Party (if applicable): _____ Date: _____
Signature of Authorizing Party: _____
Relationship to Client: _____

Staff Printed Name: _____ Date: _____
Staff Signature: _____