

Selah Place of Oregon County, Inc.



READ FIRST: Before you decide whether to let Selah Place of Oregon County share some of your confidential information with another agency or person, an advocate at Selah Place of Oregon County will discuss with you all alternatives and any potential risks and benefits that could result from sharing your confidential information.

This is a consent for release of information about: _____
(Client Name)

(Social Security Number)

(Date of Birth)

_____ I authorize Selah Place of Oregon County, Inc. to release the following information about me: name, date of birth, social security number, family status, income information, and any other pertinent information that is required by other agencies to obtain or continue services on my behalf. I understand that information about me may be released in person, by phone, by fax, by mail or by email.

_____ I understand that Selah Place of Oregon County, Inc. and I might not be able to control what happens to my information once it has been released, and that the agency or person getting my information might be required by law or practice to share it with others.

_____ This information may be used for the purpose of obtaining health coverage, securing housing, assisting in legal matters, or securing social or charitable services for me and/or my children.

_____ I understand that I have the right to see this information at any time. I understand that I can revoke this consent in writing to bot the person giving and the person receiving the information. Any information already released may be used as stated consent.

_____ I understand that my personal information is needed to determine eligibility for housing and/or social services.

_____ This consent is valid for **one year** from the date of signature. This consent is not automatically renewable. It expires automatically at then end of the period specified unless revoked in writing sooner. By my signature below, I affirm that I have read this release or it has been read to me, and I understand its content.

(Client Signature)

(Date)

(Staff or Witness Signature)

(Date)