



**HOUSING AUTHORITY**  
of the County of Salt Lake

**Salt Lake County Housing Authority's Family Employment Housing Program  
AUTHORIZATION TO RELEASE INFORMATION**

The organizations listed below are participating in the Family Employment Housing Program, which is designed to coordinate services and provide housing for families participating in the Family Employment Program. The Authorization is designed to permit those organizations to share client information in order to collaborate on services and promote housing stability.

Client Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**I authorize the following organizations that are participating in the Family Employment Housing Program (please initial all):**

- \_\_\_\_\_ Catholic Community Services
- \_\_\_\_\_ Department of Workforce Services
- \_\_\_\_\_ The International Rescue Committee
- \_\_\_\_\_ Social Security Administration
- \_\_\_\_\_ AmeriCorps Program

- \_\_\_\_\_ International Rescue Committee
- \_\_\_\_\_ Asian Association of Utah
- \_\_\_\_\_ The Housing Authority of Salt Lake City
- \_\_\_\_\_ The Housing Authority of the County of Salt Lake

**To Release to (please initial all):**

- \_\_\_\_\_ Catholic Community Services
- \_\_\_\_\_ Department of Workforce Services
- \_\_\_\_\_ The International Rescue Committee
- \_\_\_\_\_ Social Security Administration
- \_\_\_\_\_ AmeriCorps Program

- \_\_\_\_\_ International Rescue Committee
- \_\_\_\_\_ Asian Association of Utah
- \_\_\_\_\_ The Housing Authority of Salt Lake City
- \_\_\_\_\_ The Housing Authority of the County of Salt Lake

**Information to Be Released:** All records and information concerning my housing and services that I have received and will receive from the releasing agencies.

**For the Purpose of:** (a) providing housing assistance and determining rental subsidy, (b) providing coordinated social and other services to me, (b) evaluating the outcomes related to service delivery, and (c) to improve coordination of services to assist individuals housed under the Family Employment Housing Program. In the event of the publication of the results of the program, my identity will be kept confidential, although information about my circumstances may be discussed.

**Not a Condition for Treatment:** I understand that my authorization is voluntary and that I may refuse to sign this authorization. My refusal to sign will not affect my eligibility for benefits or services.

**Right to Revoke:** This authorization is subject to revocation at any time except to the extent that the agencies which are to make the disclosures have already taken action in reliance on those disclosures. If not previously revoked, this consent will terminate at the end of participation in the Family Employment Housing Program.

**Potential Re-disclosure:** I understand that information that I authorize to be disclosed may be re-disclosed and not subject to medical privacy regulations. However, federal confidentiality rules (42 CFR, part 2) prohibit recipients from making any further disclosure of alcohol and substance abuse records unless further disclosure is expressly permitted by written consent of the person to whom they pertain or if disclosure is otherwise permitted by 42 CFR, part 2. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse client.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

Client Signature: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Case Manager: \_\_\_\_\_

Interpreter: \_\_\_\_\_

