



HELP TO HOME, INC – HOPE VILLAGE



**AUTHORIZATION FOR RELEASE
OF PERSONAL INFORMATION**

The undersigned is being considered to lease Property owned by Help To Home, Inc. – Hope Village ("H2H-HVM") (Landlord).

I, name: _____ Date of birth: _____

Hereby authorize (name of company) _____
to release medical, psychiatric /psychological, and vocational and social information
from my records in accordance with State and Federal regulations to H2H-HVM.

Information to be OBTAINED ____ FORWARDED ____ is as follows:

____ Discharge Summary ____ Psychiatric /Psychological Work-ups

____ Medical (i.e. history, Physical, Lab work, Review of Systems) ____ Social

____ Vocational ____ Public Relations (i.e. newsletter, newspaper article, photograph)

Records may be released by:

____ Written ____ Verbal ____ Phone/Audio ____ Video conf. ____ Electronic

I understand that I have the right to refuse this authorization and that the facility named above is released from all legal liability that may arise from the release of the information requested. I understand that this authorization may be revoked by me at any time by written notice to H2H-HVM or its representative. I further understand that information released prior to my revocation cannot be retrieved nor can H2H-HVM or its representative be held responsible for such an act.

Prohibition of re-disclosure: This information has been disclosed to you from records whose confidentiality is protected by law. Any further re-disclosure is strictly prohibited.

This authorization will be valid for _____ days after the date of the applicant's signature as it appears below.

I understand that by submitting this form with my/our name(s) below I/we have effectively signed this authorization.

Applicant Name _____ **Date** _____

Received by H2H-HVM _____ **Date** _____