

RELEASE OF INFORMATION

Housing, Case Conferencing



This Release of Information (ROI) allows agencies participating in Coordinated Entry to discuss your information to determine suitability for available housing. This information includes personal health information such as:

- Age
- Gender
- Veteran status
- Disability status
- Last permanent address
- Past or present mental health information, problems or diagnoses
- Past or present physical health problems
- Past or present problems with social supports
- Past or present interactions with first responders
- Past or present substance abuse problems or diagnoses (including alcohol and drug treatment records)

Information related to substance abuse information (which includes alcohol and/or drug treatment records) and psychiatric treatment (which includes mental health information) is protected under 42 CFR, Part 2, and 45 CFR, parts 160 & 164, and cannot be disclosed without your written consent unless otherwise provided for by the regulations.

The list of agencies participating in Coordinated Entry can change over time, and a current list can be found online at https://beta.juneau.org/housing/ce_participants. This may include Aiding Women in Abuse and Rape Emergencies (AWARE), Alaska Legal Services Corporation, Bartlett Regional Hospital, Catholic Community Service, Central Council Tlingit Haida Indian Tribes of Alaska, The Front Street Community Health Center, Gastineau Human Services Corporation, The Glory Hall, Haven House, Juneau Alliance for Mental Health, Inc (JAMHI), Juneau School District, Juneau Public Health Center, Juneau Youth Services, Inc., NAMI Juneau, Polaris House, Rainforest Recovery Center, SERRC - Alaska's Educational Resource Center, St. Vincent de Paul, Southeast Alaska Independent Living (SAIL), Tlingit and Haida Regional Housing Authority, and Zach Gordon Youth Center.

You may limit how this information is shared in the manner provided below. Please initial next to one selection:

_____ You are authorized to share my name and information in Coordinated Entry.

_____ You are **NOT** authorized to share my name, but you are authorized to use a case number or other anonymous identifier. You may share my information in Coordinated Entry.

_____ I do **NOT** authorize you to share my name or information, and I choose not to participate in Coordinated Entry. I understand without access to my information, I will not be considered for housing openings in the Coordinated Entry system.

RIGHT TO REVOKE

*I understand I have the right to revoke this ROI at any time by submitting a written revocation to an Agency participating in Coordinated Entry. I understand the revocation will not apply to information that has already been release in response to this authorization.

* I understand if I refuse to sign this ROI or later revoke it, my refusal will not affect my ability to obtain treatment with the participating agency. My refusal will only impact my ability to have my case considered for Coordinated Entry.

*I understand that I may, upon request, inspect the information to be disclosed under this ROI.

*I understand that once information is released as specified under this authorization, the participating agency cannot prevent re-disclosure of that information. However, I understand that Agencies participating in Coordinated Entry keep information protected in a confidential environment and no unauthorized third party will be allowed to attend meetings in which information is disclosed.

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By signing below, you agree that:

- You've read through this form, or had someone read it to you.
- You've been given the opportunity to ask questions, and understand the answers.
- You agree to share information as outlined above.

Name of Participant or Legally Responsible Party (full name, print): _____ DOB: _____

Participant or Legally Responsible Party signature: _____ Date: _____

If Legally Responsible Party, relationship to Participant: _____

Agency Representative (full name, print): _____

Agency Representative signature: _____ Date: _____

EXPIRATION OF AUTHORIZATION

This Authorization for Release of Information shall expire on the following date, event or condition: _____

Unless a different date is otherwise specified above, this consent expires (check one): one year five years after the date of signature if not previously revoked.

*I understand if I am signing as a Legally Responsible party for a minor under the age 18, this authorization will expire upon the participant reaching the age of 18. Unless otherwise under the legal guardianship of the legally responsible party, the 18 year old participant will need to sign a new authorization in their name.

ADDITIONAL HOUSEHOLD MEMBERS

The Legally Responsible Party, _____ is signing for the release of information for the following household members who are under 18 years of age:

(full name, print): _____ DOB: _____

(full name, print): _____ DOB: _____

(full name, print): _____ DOB: _____

(full name, print): _____ DOB: _____

(full name, print): _____ DOB: _____

(full name, print): _____ DOB: _____

(full name, print): _____ DOB: _____

**Note that household members 18 years of age or older must sign an ROI to release their information.