

# Consent for Limited Release of Information Form

*This is not a Housing and Urban Development (HUD) Release of Information Form.*

**READ FIRST!** Before you decide whether to let the Eureka Housing Authority share some of your confidential information with another agency, person or an advocate that is not mandated by HUD, fully consider the risks and benefits from sharing your confidential information. If you decide you want the Eureka Housing Authority to release some of your confidential information, ***only this form may be used.*** Choose with whom, how it is shared, what is shared and for how long. Each agency or person will need a separate release form completed.

I understand that that the Eureka Housing Authority has an obligation to keep my records confidential. I also understand that I can choose to allow the Eureka Housing Authority to release some of my personal information to certain agencies or individuals.

The Eureka Housing Authority will not honor this form unless all required fields have been completed (\*signifies required field).

\_\_\_\_\_  
\*Your Name

\_\_\_\_\_  
\*Date of Birth

\_\_\_\_\_  
\*Last four digits Social Security Number

I authorize the Eureka Housing Authority to release information to: (agency, person or an advocate)

\_\_\_\_\_  
\*Name

\_\_\_\_\_  
\*If agency, specific office *or* specific name of person

\_\_\_\_\_  
\*Physical Address

\_\_\_\_\_  
\*City, State and Zip Code + 4

\*The information may be shared:

by telephone     by fax+     by mail+     by e-mail+     in person  
+ I understand that fax, mail and electronic mail (e-mail) is not confidential and can be intercepted and read by other people.

## I UNDERSTAND:

### \*Initial:

\_\_\_\_\_ That this is **not** a Department of Housing and Urban Development (HUD) release of information form;

\_\_\_\_\_ That I have requested to have some of my confidential information shared with another agency or person. Signing this release form is completely voluntary;

\_\_\_\_\_ The risks and benefits of releasing confidential information to another agency or person;

\_\_\_\_\_ That fax, mail and electronic mail (e-mail), is not confidential and can be intercepted and read by other people;

\_\_\_\_\_ That this release is limited to the agency and/or people listed above. If I would like the Housing Authority to release information about me in the future, I will need to complete, sign and date another written release;

\_\_\_\_\_ That the Eureka Housing Authority cannot control what happens to my information once it has been released to another agency or person;

\_\_\_\_\_ If additional time is necessary to meet the purpose of this release; I will need to complete, sign and date a new release form.

Be as specific as possible.

\*Please release the following information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*I am requesting this information be released because: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**\*This release is valid for a period of: \_  
\_\_\_\_\_ Month(s) not to exceed thirteen (13 months) or \_\_\_\_\_ Day's**

**I understand that this release is valid when I sign it, and that I may withdraw my consent to this release by notifying the Housing Authority in writing at any time.**

\*Signed: \_\_\_\_\_

\*Date: \_\_\_\_\_ \*Time: \_\_\_\_\_ am / pm

\*Witness: \_\_\_\_\_ (if applicable)

\*Date: \_\_\_\_\_ \*Time: \_\_\_\_\_ am / pm