**Release of Information**

I hereby authorize employers, housing agencies, community partners/agencies and veteran representatives from the VA to disclose and receive the following information from the Click here to enter organization and/or program name. Homeless Veterans’ Reintegration Program (HVRP). The purpose of this release it to disclose confidential information that will facilitate my participation in HVRP and help with employment, training, housing placement, benefits, and other related services. This information may come from multiple sources including, but not limited to the following:

* Program records including eligibility, assessment, and enrollment information
* Verbal or written communication with staff members
* Staff member observations of my participation

I understand that any identifiable information shall be kept confidential and may only be used for the purpose(s) mentioned above. I also understand that I may revoke this authorization at any time by notifying Click here to enter organization/program name. in writing. I understand that my written revocation must be signed and dated later than the date of this authorization. The revocation will not effect any actions taken before receipt of the written revocation by Click here to enter organization/program name. or its HVRP staff. This consent shall expire Click here to enter time frame (e.g., one year form the date of signature or 90 days after program exit)..

I also understand that any disclosure/release is bound by Title 42 of the Code of Federal Regulations governing the confidentiality of alcohol and drug abuse patient records, as well as the Health Insurance Portability and Accountability Act of 1996 (HIPAA) 45 C.F.R. Pts 160 & 164; and that re-disclosure of this information to a party other than the one designated above is forbidden without additional written authorization on my part.

I hereby certify that I am 18 years of age or older, mentally competent to sign this waiver, and have read the above carefully before signing.

Click here to enter Participant name. Click here to enter HVRP Staff name.

