

CLIENT INFORMATION RELEASE AUTHORIZATION

ServicePoint HMIS, Berks County, Pennsylvania

I, \_\_\_\_\_, give my permission to this agency of Reading and Berks County, its Director, and Case Manager(s) to release information on myself and my dependent children, as specified below, to member agencies of the ServicePoint Information system.

- 1. A portion of the information that you provide may be shared between agencies that use this system. If you consent, we have the ability to share your information with the agencies that you have indicated below, to be used for an initial intake assessment.
2. This consent expires on \_\_\_\_/\_\_\_\_/\_\_\_\_ (no later than three years). I may withdraw this consent at any time by verbal or written notice to this agency of Reading and Berks County. If withdrawn, my information will be secured to prevent access by all other agencies.
3. I permit this agency of Reading and Berks County to allow the following ServicePoint agencies access to my demographic information for intake assessment and/or provision of services.

[ ] ALL(Initial here for all the agencies listed below): \_\_\_\_\_ Initial: \_\_\_\_\_

[ ] SOME(Initial below for permission to specific agencies listed below):

- \_\_\_\_\_ Berks Coalition to End Homelessness
\_\_\_\_\_ Berks Counseling Center
\_\_\_\_\_ Berks County VA
\_\_\_\_\_ BCAP
\_\_\_\_\_ BCIU
\_\_\_\_\_ BCPS
\_\_\_\_\_ Catholic Charities
\_\_\_\_\_ City of Reading Community Development
\_\_\_\_\_ Council on Chemical Abuse.
\_\_\_\_\_ Easy Does It
\_\_\_\_\_ Family Promise
\_\_\_\_\_ Hope Rescue Mission
\_\_\_\_\_ Mary's Shelter
\_\_\_\_\_ MidPenn Legal Services
\_\_\_\_\_ Opportunity House
\_\_\_\_\_ Service Access Management
\_\_\_\_\_ The Salvation Army in Reading
\_\_\_\_\_ The YMCA of Reading and Berks County

[ ] NONE(Initial here for none the agencies listed above): \_\_\_\_\_ Initial: \_\_\_\_\_

I have received information contained in the ServicePoint Privacy Notice; it has been explained to me and I have had the opportunity to ask questions about it.

\*Client Signature \_\_\_\_\_ Date \_\_\_\_\_

For Staff Use only
I, \_\_\_\_\_, certify that I have conveyed the information contained in the ServicePoint Privacy Notice to the individual named above; I have given the individual an opportunity to ask questions about the information and have provided clarifications as needed.
Staff/Witness \_\_\_\_\_ Date \_\_\_\_\_

\*If no selection is made, client signature will provide release for All agencies mentioned on this form.