**Multnomah County DCHS Specialized Client Support Purchasing**

**Verbal Personal Information Disclosure Waiver**

*In the event that a signed Personal Information Disclosure Waiver has not been obtained, a one-time verbal waiver may be used.*

*The case manager obtaining the verbal waiver must submit this form to the District Center or Enhancing Equity Contract Liaison before the desired item can be purchased.*

*\*\*\*A signed waiver must be obtained for future purchases.\*\*\**

**Please read this to the client in order to obtain a valid verbal waiver:**

I authorize the Department of County Human Services (DCHS) to disclose my name, address, telephone number, and order information to a third party vendor for the purpose of fulfilling my request for in home support supplies to be shipped directly to my residence. DCHS will not disclose anything beyond what the vendor needs to fulfill my order.

I am aware that once my information is disclosed, it is no longer protected and may be re-disclosed or used for another purpose by the vendor. DCHS is not responsible for any acts by the vendor.

**OPI Case Manager / County Staff Name:**

**Consumer Name:** **Date of Verbal Confirmation:**

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By signing this form, I attest that I obtained a verbal waiver from the above named consumer for the purpose of making a purchase on his/her behalf.

**OPI Case Manager / Staff Signature:**

**Date:**

*NOTE: Remind consumer to send packing slip to OPI case manager or give OPI case manager verbal confirmation that they have received the item(s).Case manager to pass form or email with confirmation on to District Center or Enhancing Equity Contract Liaison.*

*(Internal Use: Attach packing slip or verbal confirmation form to P-Card reconciliation.)*