

Housing Connector

RELEASE OF CONFIDENTIAL INFORMATION

The undersigned ("Participant") would like **Multnomah County Intellectual and Developmental Disabilities** ("Disclosing Entity") to provide information to Housing Connector to allow Housing Connector to provide housing stability services to Participant. For Housing Connector to provide such services, it will need personal information about Participant. Participant hereby consents to Disclosing Entity providing such personal information to Housing Connector.

Housing Connector will not release any information about Participant without Participant's permission, unless a legal exception exists. Participant can withdraw Participant's permission in writing at any time, although Housing Connector may not be able to continue to provide Participant with services if Participant withdraws its permission. If Participant signs this release of information, Participant does not give up their rights to have any of this information protected under other laws or rules.

I, _____ ("Participant"), authorize Disclosing Entity to release the following information to Housing Connector:

- Personally Identifiable Information, which means information which can be used to distinguish or trace an individual's identity, such as their name, date of birth, social security number, etc., alone, or when combined with other personal or identifying information which is linked or linkable to a specific individual such as date and place of birth, etc.
- In the event Disclosing Entity contacts Housing Connector about tenancy concerns, legal notices, or lack of payment, Housing Connector may use this Personally Identifiable Information to contact you to convey concerns and help you identify solutions. Housing Connector may be in contact with Disclosing Entity regarding any follow up and relevant issues surrounding your tenancy.
- Housing Connector may contact third party agencies to locate resources and support that fit your identified needs.

My purpose for signing this authorization is to receive services from Housing Connector. I understand that this authorization is voluntary, and I may refuse to sign it. I can revoke my permission to release confidential information at any time by sending a written revocation notice to each entity that I previously authorized to disclose information. The revocation will not have any effect on any actions that the entity took before it received the revocation notice.

This release of information is good until 365 days after signing date.

I understand that Housing Connector is a non-profit organization and is providing its services free of charge to me. In exchange for such services, I agree to waive any claims against Housing Connector related to its services, even if I am not fully satisfied with the services or of the actions taken by Housing Connector.

X

Signature

Date

X

Witness

Date

*Click here to access Housing Connector complete Privacy Policy

FOR REVOCATION OF CONSENT ONLY

Release revoked on this date: _____
Signature of Participant (if available): _____
Signature of Staff: _____