

Authorization for Release of Information

I hereby give permission to Charlotte County Department of Human Services (CCHS) to request information from others and to release my name, address, phone number, date of birth, demographic information, services received, and any other information as deemed necessary to determine eligibility for assistance that I have requested. I further grant permission to CCHS to provide information to other agencies from whom I may be eligible for services or funding and to provide any information necessary to coordinate services for which I may be eligible.

I agree to provide documentation to show that I am eligible and will give the names of persons or agencies that may be called to obtain necessary information. I also agree that CCHS may verify information that I provide and that they may call present or past employers, if it relates to my eligibility. CCHS may provide or request supporting information from any source that affects my eligibility for any program. Information needed, requested or shared may be considered protected information. For this purpose, we need to obtain your informed consent to the uses and disclosures of your protected medical and personal information.

I understand that funding agencies within this network have the authority to review all paper and electronic files and documents relating to services that I have applied for or have received in order to monitor quality and appropriateness of service and accuracy of payments. Information collected through CCHS may be entered into State/Department computers and will be used for reporting and statistical purposes.

I authorize the release of my protected information specifically to the following:

SOURCE OF INFORMATION

NEWGEN-FASTRACK DATABASE/SHAREPOINT/PROMISE

UTILITY VENDORS (ELECTRIC, WATER & GAS)

STEP UP SUNCOAST/CAREER SOURCE

ANY FAMILY SERVICES CENTER PARTNERING AGENCY

Any other person and/or organization that pertains to program services

DATE PERMISSION GRANTED

THIS CONSENT IS VALID FOR ONE YEAR FROM PERMISSION DATE UNLESS REVOKED BY ME IN WRITING.

I verbally give my permission for CCHS to communicate with me electronically through email, using the email address listed below.

CLIENT'S EMAIL ADDRESS: _____

Applicant Name _____ Date _____

Print Name (Parent or Guardian) _____

CCHS Intake Staff Signature _____ Date _____

Date Verbally Agreed _____