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www.rthousing.org



Multi-Agency Release

Head of Household Name: _____ D.O.B.: _____

I authorize Range Transitional Housing, Inc. staff or personnel to release and to receive information from (*check all that apply*):

- | | | |
|--|---|---|
| <input type="checkbox"/> AEOA | <input type="checkbox"/> Range Mental Health Center | <input type="checkbox"/> Legal Aid |
| <input type="checkbox"/> Lotus Corporation | <input type="checkbox"/> Boise Forte | <input type="checkbox"/> Hibbing Public Utilities |
| <input type="checkbox"/> Virginia Public Utilities | <input type="checkbox"/> Hibbing HRA | <input type="checkbox"/> Virginia HRA |
| <input type="checkbox"/> Duluth HRA | <input type="checkbox"/> United Way of Duluth | <input type="checkbox"/> SLCSS |
| <input type="checkbox"/> Hearth Connection | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Minnesota Housing Finance Agency (MHFA) | | |

Description and purpose of data to be released as pursuant to Minnesota Statue 1973, Chapter 572, Section 16. In accordance with 45 C.F.R. §164 of HIPAA Privacy Rule: treatment, payment, enrollment or eligibility of benefits may not be conditional on obtaining the individual’s authorization.

Purpose of Request: To assess the client’s needs and to share case plans to utilize a holistic approach with the client. Only information which is relevant in evaluating need and assisting the client in finding permanent housing will be exchanged.

I acknowledge by my signature that I understand that this release of information remains in effect for **one year** unless revoked by myself in writing to Range Transitional Housing, Inc. (*See Below: Release Rescission*). I understand the protected information used or disclosed per this authorization may be subject to re-disclosure by the recipient and may no longer be protected.

_____ Signature of Client	_____ Date	_____ Witness	_____ Date
_____ Additional Adult	_____ Date	_____ Guardian	_____ Date

Release Rescission

I, _____, revoke this release of information consent signed on _____, by which I authorized Range Transitional Housing Inc. to release/receive certain specified information.

Signature of Client: _____	Date : _____	Signature of Guardian: _____	Date: _____
_____		_____	

Re-disclosure of this material is prohibited by law:

"This information has been disclosed to you from records whose confidentiality is protected by Federal Law regulations (42 CFR Part 2) and prohibits you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose."

