



# Housing Authority of The City of Moundsville

OFFICE, 501 TENTH STREET  
MOUNDSVILLE, WEST VIRGINIA 26041

TELEPHONE: (304) 845-3141  
FAX: (304) 845-3147

## AUTHORIZATION FOR RELEASE OF INFORMATION

Tenant Name: \_\_\_\_\_

Tenant Address \_\_\_\_\_

Tenant SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I, \_\_\_\_\_, the above-named individual, do hereby consent and authorize the Moundsville Housing Authority to release any information pertaining to me to the agencies/person indicated below, and I also authorize the indicated sources to release information/documentation regarding me to the Moundsville Housing Authority. I agree that the Moundsville Housing Authority is not responsible for any result arising from the release of information pursuant to this authorization.

- Department of Health and Human Resources
- Bureau for Child Support Enforcement
- Social Security
- Educational Institution
- Childcare Provider
- Attorney or Legal Representative: \_\_\_\_\_
- Mental Health Agency or Professional: \_\_\_\_\_
- Physician or Medical Facility: \_\_\_\_\_
- Community Agency: \_\_\_\_\_
- Relative: \_\_\_\_\_
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

HIV, Behavioral Health, and Substance Abuse Information contained with the records indicated above may be released through this authorization unless otherwise indicated below.

DO NOT RELEASE:  HIV  Substance Abuse  Behavioral Health/Psychiatric  Other: \_\_\_\_\_

I understand that:

I have the right to revoke this authorization at any time;

If I revoke this authorization I must do so in writing and present my written revocation to the Moundsville Housing Authority;

The revocation will not apply to information that had already been released in response to this authorization;

The health information used or disclosed through this authorization could be subject to re-disclosure by the recipient and if so, may no longer be subject to federal and state laws protecting its confidentiality.

The purpose of this form has been explained to me and I understand how the information is to be used. This authorization remains in effect for one year from the date it is signed, unless an expiration date is indicated.

Tenant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

MHA Staff: \_\_\_\_\_ Date: \_\_\_\_\_