



**AUTHORIZATION TO OBTAIN/RELEASE
INFORMATION**

I _____, an applicant, of the Sean Humphrey House, an Adult Family Home located at 1630 H. Street, Bellingham, Washington hereby authorize the Care Committee made up of the House Manager, LPN, and the Lead Caregiver, of the Sean Humphrey House to obtain information about my medical needs to/from the following initialed sources

- _____ Department of Social and Health Services
- _____ Social Security Administration
- _____ Physician (including Nurses) _____
- _____ Evergreen AIDS Foundation _____
- _____ My case worker _____
- _____
- _____
- _____

- _____ This release includes authority to discuss my HIV status.
- _____ This release includes authority to discuss my mental health and treatment status.
- _____ This release includes authority to discuss my substance abuse and treatment status.

I authorize the staff to obtain and release information concerning the above matters to/from the above listed sources. I understand that this information is necessary to obtain the best results in the work that may be facilitated on my behalf. I understand that any information will be kept confidential and not disclosed except to those listed above or agencies directly involved to the agencies listed above.

This authorization is valid upon signature until I choose to rescind it or 30 days from the date signed, at which time it must be renewed.

Client Signature/Legal Guardian

Date

Witness

Date