

NY-510 Continuum of Care Coordinated Assessment Team
Multiple Party Release Form
Authorization for Release and Disclosure of Confidential Information

I, _____, do hereby authorize consent to release of information and communication between and among the following Tompkins County Coordinated Assessment partnering agencies: (page 2)

The extent of the information to be released and disclosed is information obtained during the Coordinate Assessment screening: demographic information, housing information, housing barriers, household composition. The purpose and need to disclose the above information is to facilitate referral to appropriate housing program in the community and placement on the community wide waiting list.

I understand that I am consenting to the release of information that is otherwise specifically excluded from release under the law. For example, any information pertaining to alcohol and drug abuse patient records is protected by Federal Regulation 42 CFR, Part 2 "Confidentiality of Alcohol and Drug Abuse Patient Records" and cannot be disclosed without my written consent unless otherwise provided for in regulations. In addition, any medical information contained in records at the Tompkins County Sheriff's Office is protected by HIPPA regulations and cannot be released without my expressed written consent.

I understand that this consent will remain in effect for one year after signature or upon my written revocation.

I understand that the designated agency may not disclose any of this information beyond the above listed agencies unless I give prior consent in writing.

Multiparty Release: CAT Agencies

Opportunities and Resources (OAR)	Cayuga Addiction Recovery Services (CARS)
Catholic Charities	Tompkins/Cortland 211
The Learning Web	Soldier On
St. John's Community Services	Veterans Affairs (U.S. Dept. of)
The Advocacy Center	Loaves and Fishes of Tompkins County
Lakeview Health Services	Child Development Council
Tompkins Community Action	Ithaca Housing Authority
Tompkins County Mental Health Department	Family and Children's Service of Ithaca
Tompkins County DSS- Special Services Unit	Southern Tier AIDS Program/ Southern Tier Care Coordination
Cayuga Medical Center- Behavioral Services Unit	

Client Signature

Witness Name (print and sign- include agency)

Date

Date