



Welcoming Interim Shared Housing W.I.S.H
“Helping Others Build Integrity”

Information Release Form (HIPAA Compliant Release Form)

Name: _____

Date of Birth: ____/____/____

Release of Information

I authorize the release of information including the diagnosis, records; examination rendered to me and claims information. I also authorize **only WISH Executive Management** to communicate with my case manager, when concerning my housing status and activities. This information may be released to:

Only members of W.I.S.H Executive Management / Social Service Team Staff

Information is not to be released to anyone else, or used for any media, advertisement purposes. This Release of Information will remain in effect until terminated by me in writing.

Messages Please call my home my work my cell Number: _____ If unable to reach me: you may leave a detailed message please leave a message asking me to return your call

The best time to reach me is (day) _____ between (time) _____

Signed: _____ Date: ____/____/____

Witness: _____ Date: ____/____/____