



BLUE MOUNTAIN REGION LONG-TERM RECOVERY GROUP
CASE MANAGEMENT for Survivors (CMS)
CONSENT TO THE RELEASE OF CONFIDENTIAL INFORMATION

INSTRUCTIONS

Signing and returning this form authorizes the Blue Mountain Region Long-Term Recovery Team (afterwards referred to as the BMRLTRG) to share and receive certain personal information collected about you or your family with other disaster relief agencies, voluntary organizations and government agencies active in disaster recovery. The BMRLTRG needs to share and receive this information in order to coordinate available disaster relief services and assistance from multiple relief organizations. All organizations participating in disaster recovery are committed to respecting your privacy and using the information only to coordinate and provide disaster relief assistance.

With the exception of certain limited circumstances, such as when disclosure is required by law, it is the policy of the BMRLTRG not to release information about individual or family disaster relief assistance or other personal information without the written consent of the individual or family. Therefore, we need your written consent to share and receive information for disaster related services.

CONSENT AND RELEASE

I, _____, hereby authorize the BMRLTRG
(Print Client Name)

to share and receive any of my information, including but not limited to my name, address, personal information, relevant health information and the type of assistance I am receiving with/from government agencies, and/or disaster relief and voluntary organizations in order to coordinate available services and assistance. I understand that I may revoke this consent at anytime by contacting the BMRLTRG except when action has already been taken to obtain and/or release such information. My signature on this release indicates that I have read the above, or had it read to me, and that I understand the terms and conditions. I have also had the opportunity to ask any questions. I am also signing this release on behalf of my children that are under the age of eighteen (18).

(Optional)

I wish to limit the information that is shared or released. The following information may not be shared:

I decline to permit sharing of any information with the following agencies/organizations/individuals:

Signature Head of Household Date

Signature Co-Applicant Date

Signature of BMRLTRG Representative Date