



(206)880-1777 | help@anything-helps.org | 101 6th Ave S STE 414 Seattle, WA 98104

## AUTHORIZATION TO DISCLOSE, RELEASE AND/OR OBTAIN PROTECTED HEALTH INFORMATION

This authorization pertains to the crucial role your personal and relevant information plays for the non-profit organization, Anything Helps, in assisting you more effectively with housing and job placement services. This document specifies the circumstances under which your Protected Health Information (PHI) might be used, disclosed, and obtained by Anything Helps, how you can access this information, as well as your rights in this respect. Please review this form thoroughly before you sign it, as your signature would allow Anything Helps to cast a wider net and communicate with a variety of entities and individuals that may be instrumental in delivering prompt and effective services to you.

### 1. PARTIES INVOLVED

By signing this form, you authorize Anything Helps to request and exchange information with entities that provide information and resources necessary in locating you and delivering assistance to you that is in alignment with your goals.

- **Homeless Service Entities:** Agencies offering information about potential housing opportunities and facilities crucial in addressing your housing needs. This could include emergency shelters, transitional housing programs, programs hosting rental subsidy programs and various outreach teams.
- **Permanent Housing Entities:** Organizations providing long-term housing subsidies and units, their data regarding the availability, eligibility, and requirements of tenancy is critical to the provision of appropriate services. Examples include property management companies and landlords, public housing authorities, rental companies, and supportive housing programs.
- **Current, Former & Prospective Employers:** Any party associated with discussing and negotiating your job applications or status. They also help us prepare character statements or applications for employment.
- **Criminal Justice and Legal Entities:** These include the Department of Corrections, legal representatives, parole officers, and court-appointed entities, in efforts to assist you in quashing warrants, connecting you with legal representation, or assisting you with court compliance. We will never attempt to represent you in court, nor will we ever report your whereabouts or provide your information to law enforcement, or any other entity likely to cause you harm or distress.
- **Government Agencies & Third-Party Contractors:** Entities like the City of Seattle, United Way, or other designated third-party contractors and/or agencies that can provide resources and other forms of assistance in a timely manner.
- **Social Support (Alias Only):** Community support is vital when facing housing and employment challenges, especially if unsheltered or transitioning between residences. Your first name or alias may be used in this process to help locate you and provide access to time-sensitive opportunities and resources. This process always respects your privacy, focusing exclusively on assistance in urgent cases.

### 2. INFORMATION EXCHANGED

Under this authorization, Anything Helps is allowed to disclose and/or obtain the following types of your PHI to appropriately provide you with housing and employment services:

- **Your personal information:** This includes your general identity markers like your name, date of birth, and email.
- **Health-related details:** These include the status of your physical and mental health, your substance use and medical history, treatments previously and currently being received, and other information pertaining to your health.
- **Your housing history:** This includes specifics of your past and present housing situations which can play a critical role in helping us find solutions tailored to your needs.
- **Your employment situation:** This includes current work status as well as history, education, certifications, and references being exchanged with potential employers.
- **Additional data:** Such as credit reports, and criminal background checks help us identify and plan to face potential barriers relating to your housing and employment goals.

### 3. PURPOSE OF DISCLOSURE

The information shared with Anything Helps is significant in maintaining all the necessary information to secure appropriate housing and job placement for you. Reasons that necessitate this sharing of information might include:

- **Identification of suitable housing opportunities:** This includes discovering potential housing options that best suit your needs and preferences.
- **Facilitation of housing applications:** The relevant information provided helps in completing application paperwork for available housing programs.
- **Job placement and applications:** Coordination with employers or prospective employers to facilitate employment.
- **Coordinating necessary Support Services:** For a smooth transition into permanent housing, we may use disclosed information to arrange additional services like mental health support.
- **Advocacy and Communications:** The disclosed information may be utilized to advocate for your needs to various government and non-government entities.

### 4. CLIENT RIGHTS

As our client, you have certain rights concerning your PHI under HIPAA guidelines:

- **Right to Revoke:** Should you wish to withdraw your authorization for the disclosure of your PHI, you have the right to do so at any time by sending a written notice to Anything Helps. Note, however, that the withdrawal won't have any effect on the actions that had already been taken based on the authorization before the receipt of the revocation.
- **Right to Request:** You own your data, and Anything Helps will provide you with a copy of all your data upon request.
- **Right to Refuse:** Please note that signing this authorization is strictly voluntary. Your decision to sign or not sign this form will not affect your enrollment, eligibility for benefits, or the provision of services by Anything Helps.

### 5. STATEMENT OF UNDERSTANDING & AGREEMENT

*By signing this form, you allow the release of your information related to housing and employment assistance to Anything Helps. This information will not be shared with any external person or agency except when necessary for determining eligibility for housing, employment or Anything Helps programs. The provided information will not affect any benefits you're already receiving from Anything Helps or other agencies. By signing below, you confirm that you understand the Privacy Policy of Anything Helps and that if you prefer that Anything Helps **NOT** disclose your personal information to third parties, you have the right to ask Anything Helps **NOT** to make such disclosures, except for those required by law.*

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Authorized Representative: \_\_\_\_\_ Signature: \_\_\_\_\_

**Authority of representative to sign on behalf of the client:**  Parent  Legal Guardian  Court Order  Other: \_\_\_\_\_

#### FOR AGENCY USE ONLY

Client Opted Out (Refused Consent) Staff Initials: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Staff Name: \_\_\_\_\_ Staff Signature: \_\_\_\_\_