

Authorization To Use and Disclose Information



Mother Nation Homeless Prevention Services

4250 S. Mead St.
Seattle, WA
98118

Participant's Name: _____ Date of Birth: _____

I hereby authorize Mother Nation to (check one):

_____ obtain from the following _____ release to the following

Name: _____

Address: _____

The following documents/information from the records pertaining to services received

Date of Service:

The documents to be released are described or listed as:

The records/contact is/are required for the specific purpose of:

I understand that my authorization will remain effective from the date of my signature until _____ 90 Days _____, and that the information will be handled confidentially in compliance with all applicable federal laws.

I understand that I may see the information that is to be sent, and that I may revoke the authorization at any time by written, dated communication.

I have read and understand the nature of this release.

Signature of Participant

Date

Witness Date

Date