Multi-Party Integrated Case Management Data System
Authorization to Release Information

The following is an information release that allows our agency to share with other organizations essential information about your case that will assist in coordinating resources and services on your behalf.

I, _____ authorize case information to be shared between the partners identified below through the use of a shared, online data system. Shared information may include such things as: names and demographics of related household members, contact information, program enrollment history, case planning activities and services requested or received. I understand that only information that is necessary to facilitate resource access, benefit determination and case coordination will be shared. I further acknowledge that anonymous (non-identifying) data may be used by these parties for the purpose of research and program evaluation. **Agencies participating in the collection of shared data for case coordination and referral system include:**

Boulder County Housing & Human Services
Boulder County Community Services
Sister Carmen Community Center
Emergency Family Assistance Association
Community Food Share
Homeless Outreach Providing Encouragement (HOPE) for Longmont
Boulder County Housing Authority
OUR Center of Longmont
Bridge House
Boulder Shelter
Family Resource Center Association

I understand and agree that other service providers and coordination entities may be added at a future date.

I understand the information to be released is confidential and protected from disclosure and that all organizations covered by this release are held to this standard and subject to audit and review to ensure compliance with privacy and confidentiality guidelines. I also understand that I have the right to cancel my permission to release information at any time by providing written notice.

I certify that I have received consent from related household members to sign this release on their behalf. I understand that related household members include those that are over age eighteen (18) and are related by blood, marriage, or operation of law, along with my/their children and/or legal wards whose primary residence is my home. This does not include friends, roommates, or significant others who are not marriage partners. Each related household member, and the relationship to the head of household, must be included on this Release of Information. This information must be updated should the related household members' composition change.

I understand that I may acquire a copy of this release at my request. I certify that I have read and understand the content of this form. ***Unless terminated earlier by me, this authorization will expire one year from the date signed.***

Print Name:	Date of Birth:
Signature of Client:	Date:
Staff/Volunteer Signature:	Date: