



## CONSENT

**NOTICE TO CLIENTS:** The Northwest Arkansas Housing Coalition (NWAHC) has determined that the partner organizations can help you better if we are able to work with other agencies and professionals that know you and your family. By signing this form, you are giving permission for NWAHC and the agencies and individuals listed below to use and share confidential information about you. No agency associated with NWAHC can refuse you benefits if you do not sign this form unless your consent is needed to determine your eligibility. If you do not sign this form, NWAHC may still share information about you to the extent allowed by law. If you have questions about how NWAHC shares client confidential information or your privacy rights, please ask the person giving you this form.

### CLIENT INFORMATION

NAME	
DATE OF BIRTH	
DL or ID #	
ADDRESS	
CITY/STATE/ZIP	
TELEPHONE	

I consent to the use of confidential information about me within NWAHC to plan, provide, and coordinate services, payments, and benefits for me or for other purposes authorized by law. I further grant permission to NWAHC and the below listed agencies, providers, or persons to use my confidential information and disclose it to each other for these purposes. Information may be shared verbally or by computer data transfer, mail, or hand delivery.

Please check all below who are included in this consent:

- |   |   |
|---|---|
| <input type="checkbox"/> Community Clinic at St. Francis House<br><input type="checkbox"/> Decision Point<br><input type="checkbox"/> Department of Workforce Services<br><input type="checkbox"/> EOA of Washington County<br><input type="checkbox"/> Fayetteville Housing Authority<br><input type="checkbox"/> Genesis House Inc.<br><input type="checkbox"/> Habitat for Humanity<br><input type="checkbox"/> Havenwood<br><input type="checkbox"/> Legal Aid of Arkansas<br><input type="checkbox"/> NWA Homeless Project | <input type="checkbox"/> Oasis Northwest Arkansas<br><input type="checkbox"/> Office Of Human Concern<br><input type="checkbox"/> Ozark Guidance, Inc.<br><input type="checkbox"/> Peace at Home Family Shelter<br><input type="checkbox"/> Salvation Army of Northwest Arkansas<br><input type="checkbox"/> Sanctuary, Inc.<br><input type="checkbox"/> Serenity, Inc.<br><input type="checkbox"/> Seven Hills Homeless Center<br><input type="checkbox"/> Sources For Independent Community Living<br><input type="checkbox"/> Youth Bridge, Inc. |
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The information that I consent to share between the above listed agencies is:

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- This consent is valid for thirty days from the date signed below, or until \_\_\_\_\_ (date or event).
- I may revoke or withdraw this consent at any time in writing, but that will not affect any information already shared.
- I understand that records shared under this consent may no longer be protected under the laws that apply to the agency of origin.
- A copy of this form is valid to give my permission to share records.
- I have been provided a copy of this form and attached information sheet.

**SIGNATURE DATE** \_\_\_\_\_

**AGENCY CONTACT/WITNESS SIGNATURE DATE** \_\_\_\_\_

**NOTICE TO RECIPIENTS OF INFORMATION:** If these records contain information about HIV, STDs, or AIDS, you may not further disclose that information without the client's specific permission.

## **INSTRUCTIONS FOR COMPLETION OF CONSENT FORM**

**Purpose:** Use this form when you need consent to use confidential information on a continuing basis about a client receiving services or eligible for services through multiple agencies within the NWAHC to coordinate services or for payment or agency operations or for other purposes recognized by law. Clients are persons receiving benefits or services from any partner agency within the NWAHC.

**Use:** A separate form must be completed for each person, including children.

### **Parts of Form:**

#### **IDENTIFICATION:**

- Name: Provide the name of one client only on each form. Include any former names that client may have used when receiving services.
- Date of Birth: Needed to identify client from persons with similar names.
- Identification Number: Provide a client identification number or other identifier such as a social security number (not required) to assist in identifying records and tracking history and services received.
- Address and telephone: Additional information that will help in locating and identifying or contacting the client.
- Other: Include in this box any additional information that may help to locate records

#### **CONSENT (AUTHORIZATION):**

- Agencies or persons exchanging records: The client's completion of this form allows the use and sharing of confidential information within all of NWAHC partner agencies as approved. Each agency will be able to disclose to and receive confidential information from the outside agencies or persons listed. Provide identifying information about the agencies or providers, including name, address or location if possible. You may also attach a list of agencies allowed to share information which the client must also sign.
- Information included: Clients must indicate what information is covered by the consent. Clients may make all information available or may limit the information by date, type or source of record. If a client does not sign a consent or does not specify a particular information - sharing of that record will still be allowed if permitted by law.
- Duration: Include an expiration date for the consent that serves your program purposes or as provided by law.
- Understanding: Be sure the client understands what permission is being granted and how and why information will be shared. If needed, use a translated form and interpreter or read the form aloud. If the client needs more information,

#### **SIGNATURES:**

- Client: Have client sign this line and insert the date of signature.  
The client may substitute a mark in this box that you witness.
- Agency Contact or Witness: You will sign in this box if you are the one presenting and explaining the form to the client. Please include your telephone number. If the client will be signing the form away from a business site, instruct the client to have a witness sign in this block and provide a telephone number. A notary public may serve as a witness to a client signature.
- Parent or Other Representative: If the client is a child under the age of consent, a parent or guardian must sign. If the child does not meet the age of consent for all records to be shared, both the child and the parent must sign. If the client has been declared legally incompetent, the court appointed guardian must sign and provide a copy of the order of appointment. If someone is signing in another capacity (including a person with a power of attorney or an estate representative), mark "other" and obtain a copy of the legal authority to act. The person signing must date the signature and give a telephone number or contact information.