

**PERMISSION TO RELEASE PROTECTED HEALTH INFORMATION  
TO THE NH HOMELESS SERVICE PROVIDER NETWORK**

**Reason for this Release:** I would like to live in safe housing. I am signing this release to allow agencies in the NH Homeless Service Provider Network to talk about my needs and to share written and electronic information in order to help me find housing.

**Right to Privacy:** I have the right to keep information about my physical and mental health private. I understand that records about drug and alcohol use are protected by federal regulations and cannot be disclosed without my permission. I understand that I do not have to give permission to share my information, and that I will still receive services if I don't give permission.

**Permission:** By signing this paper, I am giving permission to agencies in the NH Homeless Service Provider Network to share information about my physical and mental health. That information includes application forms, assessments, service plans, case notes, treatment records and records about drug and alcohol use.

**Cancellation:** I understand that I can cancel my permission at any time by telling any agency in the NH Homeless Service Provider Network. The cancellation stops future use of my information, but may not change actions that have already been taken.

**Expiration:** Unless I revoke my consent earlier, this consent will expire after 7 years.

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**