



Veterans Services RELEASE OF INFORMATION



Release of Information Form for X _____
(client name, printed)

I do not give Spokane County Regional Veterans Services permission to share any information about me in the Veterans Service Provider network.

OR

I give Spokane County Regional Veterans Services permission to share the following types of information about me in the Veterans Service Provider network:

I understand that if I give this agency permission to share any types of information in the HVRP system, that shared information will be identified with my personal information (such as name, social security number, date of birth, gender, etc.) so that the Partner they are sharing it with will know who the information is about.

They may share this information about me in the Veterans Service Provider Network with: (Choose one)

Any Veterans Service Provider Partners necessary to provide me the service I need

Any Veterans Service Provider Partners except for the following agencies and programs: _____

By signing this, I certify I understand that:

- The purpose of sharing information with other agencies is to help with case management, improve the services I receive, expand eligibility determination opportunities across multiple partner programs and allow other agencies to access information about me more quickly if needed.
- The Agency may deny me services if I do not give them permission to enter my data into the system or share it with other agencies in the Veterans Service Provider Network to determine program eligibility
- I am entitled to a copy of this release and sharing form.
- I may revoke this sharing permission at any time by delivering or mailing a written statement canceling my consent and/or release of information to the Agency. Revoking my consent/release will not change anything for those people or agencies that had previously received my information while my consent/release was in effect.

X _____
Client Signature

_____ Date

X _____
Print Name

_____ Agency Representative Signature

_____ Date

_____ Print Name