

Authorization to Release Information

It is the policy of Mid Central Community Action, Inc. to keep all client information confidential. To be able to provide you with the best service available, we request your permission to exchange information with another member of Mid Central Community Action, Inc. staff or outside service provider.

By signing below, you are stating that you understand Federal Law mandates confidentiality be maintained. Additionally, Mid Central Community Action, Inc. will not release any information to any other person(s) or agency not mentioned below unless given written permission to do so. You also have the right to inspect and copy the information being disclosed, according to guidelines set by State and Federal law.

You may revoke your authorization in writing at any time, should you choose to do so.

This authorization is valid until _____, or until services are complete.

I, _____, give permission to Mid Central Community Action, Inc. to exchange information with _____ regarding _____ for the purpose of _____.

Signature of Applicant

Date

Signature of MCCA Staff

Date