



*Working together
to end homelessness*

Tri-County Continuum of Care for Hunterdon, Sussex, & Warren Counties

Case Conferencing Permission to Release Confidential Information

Adopted by the Tri-County CoC Board on 2018

The Tri-County Continuum of Care is a collaboration of agencies that work together to coordinate services and housing for homeless individuals and families throughout Warren, Hunterdon, and Sussex Counties, NJ. One of the ways the Continuum is working to better assist consumers in the Tri-County region is through the use of the Housing Prioritization List.

This document, as executed by the individual below, authorizes the following agencies (“Agencies”) listed in the attached Appendix A, to release, exchange and discuss medical, housing, social, psychological, employment, education, progress and other information among each other concerning the participant named below for the purpose of shelter, housing and making appropriate referrals for other services. The sharing of this information will enable the Agencies to effectively work together in order to better assist you. Services provided by the Tri-County Continuum of Care are not conditioned on you signing this authorization.

I understand that all the information will be handled confidentially in compliance with the Federal Privacy Act (PL 930575). I understand I may revoke this consent at any time, except to the extent action has been taken in reliance thereon. I also understand that the above consent may be revoked at any time with my written communication to any of the listed agencies. This consent will expire in two years from the date of my signature as dated below or on the date of _____ if sooner.

I understand that this consent allows all the Agencies listed in the attached Appendix A, their employees and agents, to release and exchange any and all of my health information contained in my medical records under their control and in their possession. If my medical record contains information relating to HIV infection, AIDS or AIDS-related conditions, this disclosure will permit that information to be included. I acknowledge and am aware that New Jersey has a statutory privilege accorded to confidential communication between a patient and a licensed physician and that my signing this form waives this privilege. I also acknowledge that any information used or disclosed under the authorization may also be re-disclosed and no longer protected by the Final Rule.

Agencies listed in Appendix A shall treat all information with the utmost confidentiality, as state above.

Name (Print): _____

Signature: _____

HMIS Client ID#: _____

Date: _____

Witness (Print): _____

Signature: _____

Name of Agency: _____

Date: _____

Appendix A: Agencies involved in the Release and Exchange of Information:

- Catholic Family and Community Services
- Community Hope
- Warren County Dept. of Human Services
- Sussex County Dept. of Health & Human Services
- Family Promise of Sussex County
- Family Promise of Warren County
- Family Promise of Hunterdon County
- Warren County Division of Temporary Assistance and Social Services
- Sussex County Division of Social Services
- Hunterdon County Division of Social Services
- Domestic Abuse and Sexual Assault Crisis Center of Warren County
- Domestic Abuse & Sexual Assault Intervention Services
- Northwest New Jersey Community Action Partnership
- Monarch Housing Associates
- Birth Haven
- Veterans Haven North
- U.S. Dept. of Veterans Affairs
- Hunterdon County Dept. of Human Services
- Advance Housing
- Alternatives, Inc.
- Easterseals New Jersey
- NJ Dept. of Community Affairs
- Samaritan Inn
- St. Peter’s Haven
- Straight & Narrow, Inc.
- SAFE in Hunterdon
- Bridgeway Rehabilitation Services
- Hunterdon Helpline
- United Way of Hunterdon County
- United Way of Northern NJ
- St. Clare’s HIV Housing Collaborative
- Binnacle House

List other agencies individual is involved with:

Additional Agencies Added:	Client Initial:	Date:
_____	_____	_____
_____	_____	_____
_____	_____	_____