SCHUYLKILL COUNTY BRIDGE HOUSE
400 NORTH SEVENTH STREET
POTTSVILLE, PA 17901
PHONE: 570-624-7764 – FAX: 570-622-7661

SCHUYLKILL COMMUNITY ACTION
225 NORTH CENTRE STREET
POTTSVILLE, PA 17901
PHONE: 570-622-1995

CONSENT FOR RELEASE OF INFORMATION

I_____hereby authorize Schuylkill County Bridge House Program to release information regarding housing status including income, employment, admission and discharge data , to the Pottsville Housing Authority, for the specific purpose of assessing housing and program status, collecting pertinent data and providing case management.

STATEMENT OF CONFIDENTIALITY

I have been advised that to protect the confidentiality of my records, my agreement to obtain or release information is necessary and that this permission is limited for the purpose and to the persons listed above. I understand that further disclosure is prohibited by State and Federal regulation and that further disclosure of this information cannot be made without the prior written consent of the person to whom it pertains. This consent is valid only for the period (2) years from the date of authorization. I understand that this authorization maybe withdrawn at anytime by my written statement.

_____ _____
Client Signature **Date**

_____ _____
Witness/Staff Signature **Date**

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CONSENT FOR RELEASE OF INFORMATION

I_____hereby

authorize_____

to release the following specific information: case history, goal plans, recommendations, barriers, conduct reports, etc. to the Schuylkill County Bridge House Program for the specific purpose of assessing the application for admission and to establish an open line of communication and ongoing case management. I also authorize Schuylkill County Bridge House to release the same information listed above to_____.

STATEMENT OF CONFIDENTIALITY

I have been advised that to protect the confidentiality of my records, my agreement to obtain or release information is necessary and that this permission is limited for the purpose and to the persons listed above. I understand that further disclosure is prohibited by State and Federal regulation and that further disclosure of this information cannot be made without the prior written consent of the person to whom it pertains. This consent is valid only for the period (2) years from the date of authorization. I understand that this authorization maybe withdrawn at anytime by my written statement.

_____	_____	_____
DATE	**CLIENT SIGNATURE**	**BRIDGE HOUSE STAFF**