



D·B·H·D·D

GHVP-20: Authorization for Release of Information

Name of Individual/Patient: _____

DOB: _____

Current Address: _____

1. I hereby voluntarily authorize the disclosure of my records/information:

From: My community-based provider(s):

To:

- The Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD),
- Housing Support Program (HSP) specialty providers contracted by DBHDD,
- The Georgia Department of Community Affairs (DCA),
- HUD-recognized Continuums of Care within the state of Georgia, and their providers

When deemed necessary for the provision and coordination of my care, these agencies may release my information to (1) contracted third parties; (2) referral partners, such as other community and/or housing agencies who provide Community Based Support Services or access to housing; and (3) potential and current landlords or leasing staff.

2. The purpose of the disclosure is to:

- Release my records/information to participate in the Unified Referral Process for Community Based Support Services, which includes the Georgia Housing Voucher Program (GHVP), and
- Participate effectively in the GHVP Housing Support Program according to the requirements of DBHDD.
- Allow housing providers, housing support services and healthcare providers to share my information/records with each other as required by the Program to effectively coordinate care.

3. The information/records to be disclosed are:

- My name, demographics, and income information, as well as that of any household members intending to live with me in the residence, and any evidence of familial relationship, if needed.
- My current address or current living situation and contact information (phone, email, etc.)
- Records of any behavioral health services being provided to me, including any behavioral health assessments or other assessments as required for eligibility verification.
- My Individualized Recovery/Resiliency Plan and associated documents.
- Verification of my behavioral health diagnoses.

_____(initials)

4. If applicable, this information may also include:

_____(initials) Substance use information.

_____(initials) HIV diagnosis and/or treatment for HIV / AIDS and any related conditions.

