

STEADFAST HOUSING DEVELOPMENT CORPORATION

677 Ala Moana Boulevard · Suite 713 · Honolulu, Hawaii 96813 · (808) 599-6230 · Fax: (808) 599-1821

CONSENT TO RELEASE CONFIDENTIAL INFORMATION

Name of Consumer:	Social Security No.:	Birth date:
Name and address of:		
1. Holder of clinical records:		
2. Requestor of Information: Steadfast Housing Development Corporation 677 Ala Moana Blvd. #713, Honolulu, HI 96819		
3. To whom information will be released (if other than requestor):		
Purpose(s) for release of information: Coordinate plans regarding housing	Specific information to be released: Information specific to housing services	
Date, Event, or Condition upon which this consent expires:		
Benefits and risks of, and alternatives to, release of this information (summarize verbal explanation or attach written explanation – use back of form if necessary): Benefits: Participation in Steadfast Housing Development Corp. Employment Program. Risks: Loss of confidential information.		
For the person(s) providing consent: <ul style="list-style-type: none">▪ This consent has been made freely, voluntarily and without coercion.▪ I was able to ask questions and receive answers about this release.▪ By signing below, I authorize release of the information as specified above and further understand that: <ol style="list-style-type: none">1. Those who receive this information cannot disclose it to others without my further consent, unless permitted by Federal or State law.2. A photocopy of this authorization shall be accepted as valid.3. This consent will continue in force until I revoke it, in writing, with the exception of any action that has already taken place.		
Name of person(s) providing consent:	Relationship to consumer:	
Signature(s) of person(s) providing consent:	Date:	
Signature and title of person obtaining consent:	Date:	