**AUTHORIZATION FOR RELEASE OF INFORMATION**

**Chatham Congregate Housing**

I, of ,

hereby consent to Captain Bearse Congregate House, Chatham Council on Aging, Chatham Housing Authority, Elder Services of Cape Cod and the Islands, Chatham-Orleans Visiting Nurses Association, Monomoy Community Services, my physicians, psychiatrists, and therapist/nursing homes, hospitals where treated, other home health agencies, members of the Multidisciplinary Assessment Team for the Captain Bearse Congregate House, and other agencies as needed, to share with each other such information as shall be deemed necessary , including mental health and drug and alcohol related information, to process my application and to ensure adequate support services while I am a resident in the congregate housing program.

I understand that any such information will be kept strictly confidential. I understand the use of personal information shall comply with the provisions of Massachusetts General Law, Chapter 66A, the Fair Information Practices Act and with the provisions of the Department of Elder Affairs Privacy and Confidentiality Regulations.

I certify that the information which I provide in applying for residency in congregate housing is true and correct to the best of my knowledge.

A copy of this authorization shall be as valid as the original and in effect while I am a resident at the Captain Bearse House.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_