PUYALLUP TRIBAL HOUSING AUTHORITY
Authorization for Access, Use or Disclosure of Tenant/Homebuyer File Information

1. Tenant/Homebuyer Information

I, _____ [write name], hereby request and/or voluntarily authorize the disclosure of information in my Tenant/Homebuyer File as provided below in this authorization form. I certify that this authorization to disclose or provide access to the information in my Tenant/Homebuyer File is entirely voluntary.

2. Person/Facility/Entity Information

The information is to be disclosed by the Puyallup Tribal Housing Authority ("PTHA") to the following person/facility/entity (check the appropriate box and fill in the required information):

[ ] Tenant/Homebuyer:_____ [write name]
[ ] Attorney/Spokesperson:_____ [write name]
[ ] Organization/Entity:_____ [write name of organization/entity]

3. Purpose [state purpose for release of information, if to another person or entity]

4. Information To Be Disclosed

I authorize the disclosure to the above person/facility/entity all information in the Tenant/Homebuyer File maintained for me and my household by the PTHA, including, if appropriate, but not limited to, any substance abuse (drug/alcohol) information such as substance abuse treatment information and the results of any alcohol and/or drug test(s), and any information regarding any disability of any member of my household.

5. Authorization, Waiver, and Acknowledgements

I understand that once PTHA discloses the information in my Tenant/Homebuyer file to the person/facility/entity named above (including myself, if listed) that PTHA will not have any control over further disclosure (whether intentional or accidental) of such information by such person/facility/entity to any other person/facility/entity. I hereby indemnify and hold PTHA harmless for any disclosure (whether intentional or accidental) of such information by such person/facility/entity to any other person/facility/entity and any consequences thereof to myself or to any member of my household, and hereby waive any and all claims that I or any member of my household may have against PTHA for such disclosure and any consequences thereof.

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I am aware that the results of any alcohol and/or drug test(s) and substance abuse treatment information are protected by confidentiality requirements for alcohol and drug patient records under Federal law and regulations. Therefore, I voluntarily agree to the release of such information as described in this form, if such information is contained in my Tenant/Homebuyer file. Federal rules prohibit the person/entity/facility who receives such information from making any further disclosure of this information unless further disclosure is expressly permitted by my written consent or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient. I also understand that any disclosure of information regarding a disability is protected is entirely voluntary on my part.

I understand that I may revoke this authorization in writing submitted at any time to the Puyallup Tribal Housing Authority Executive Director, except to the extent that action has been taken in reliance on this authorization. If this authorization has not been revoked, it will terminate one year from the date of my signature unless I have specified a different expiration date (if different from the date below). I will receive a copy of this form signed by me, and the Puyallup Tribal Housing Authority will maintain a signed copy of this form for six (6) years following its expiration. I understand that treatment, payment, enrollment or eligibility for health care or related benefits may not be conditioned on my signing this authorization.

_____ _____
Signature of Tenant/Homebuyer Date

_____ _____
Signature of Authorized Representative (state relationship to tenant) Date
Or Witness (if signature is by thumb print or mark)

NOTARY PUBLIC CERTIFICATION (REQUIRED)

I hereby certify that _____ personally appeared before me, known to me to be the individual described in and who executed the within and foregoing instrument, and acknowledged the said execution thereof to be his or her free and voluntary act and deed, for the uses and purposes therein mentioned.

_____
NOTARY PUBLIC in and for the State of Washington at _____
My commission expires _____

Approved - 091809D