



AUTHORIZATION TO

RELEASE/OBTAIN CONFIDENTIAL

INFORMATION

Name: _____

Date of Birth: _____ State _____ Gender: _____ male _____ female _____

I authorize the Severe Weather Shelter Network to do a basic background check.

I understand that my records are protected by the federal HIPAA Privacy regulation. I authorize the recipient of this information to re-disclose it for the purposes stated below and understand that the information may then no longer be protected by HIPAA. I also understand that if the entity releasing information pursuant to this Authorization is subject to 42 C.F.R. Part 2, Confidentiality of Alcohol and Drug Abuse Patient Records, then my records are protected under that federal regulation as well and cannot be disclosed without my written consent unless otherwise provided for in this regulation.

The purposes for which the information is to be used:

- Assessment for Volunteer compatibility in the Severe Weather Shelter Network

I understand that I may revoke my authorization at any time, except to the extent that action has already been taken in reliance on it, by informing the Severe Weather Shelter Network in writing. Otherwise, my authorization is valid for one year following the date of my signature or until _____ . (date specified)

_____	_____	_____	_____
(Volunteer signature)	Date	Witness	Date

_____	_____
(Print Name)	(Print Name)

REVOCACTION

I, _____, revoke this authorization effective _____.
(Volunteer signature) Date

Severe Weather Shelter Network invites you to consider making a minimum \$7 contribution to offset the cost of your background check. Your check can be made payable to Severe Weather Shelter Network and mailed to PO Box 620546 Littleton CO 80162.