

DOES NOT PERTAIN TO MEDICAL RECORDS – FAITH IN ACTION INFORMATION ONLY.

Authorizations may be revoked at any time by written request.



Faith in Action for Cass County

P.O. Box 512 Hackensack, MN 56452
218-675-5435 email: cassfia@uslink.net

A copy of this form can be provided to you upon request.

Authorization to Release Information

Faith in Action for Cass County is a non-profit program that provides volunteer support to older and disabled adults, and others in difficult circumstances. In order to provide this support, certain information must be collected about individuals assisted through the program. This information will be kept confidential, and released only to those individuals or agencies who have a “need to know” the information.

Typically, information *may* be released to volunteers who provide support to an individual, to members of the Board of Directors who are responsible for overseeing the program, to administrative staff who are responsible for daily operations of the program, to health or social service agencies who coordinate services for an individual, or to funding agencies who collect information on the service provided through grants or other donations.

Your signature below authorizes Faith in Action for Cass County to release information we collect about you only to the individuals or agencies described above and only on a “need to know” basis.

Signature

Date

Signature

Date

DESIGNATED REPRESENTATIVE AUTHORIZATION:

By signing below, you authorize _____
to act as your representative in all matters pertaining to Faith in Action and Faith In Action volunteers and services. This includes sharing information pertaining to you and your services, and includes the authorization of your Designated Representative to give direction to FIA and FIA volunteers regarding services provided to you.

Signature

Date

PROMOTION/MEDIA AUTHORIZATION: Please sign below to authorize the use of your name, address, a description of the assistance provided to you through Faith in Action, or any photographs of you, your home, or the assistance provided to you, in any public promotion of the program including media release.

Signature

Date