

KARUK TRIBAL HOUSING AUTHORITY

Agreement for Referral and Authorization for Disclosure of Tenant Information

I, _____, understand that pursuant to the Admission and Continued Occupancy Policy of the Karuk Tribal Housing Authority (“KTHA”), I have the opportunity for a referral to the Tribal Department of Social Services for assessment and additional referral to appropriate services.

I **DECLINE** the referral to the Tribal Department of Social Services.

I **ACCEPT** the referral to the Tribal Department of Social Services.

If I have checked the “ACCEPT” box above, I understand that it will assist in such referral for KTHA to share information from my tenant file with the Department of Social Services. Therefore, I hereby voluntarily authorize the disclosure of my tenant file information from KTHA to Karuk Tribal Social Services under the following conditions:

1. The purpose for this disclosure is to allow the KTHA to refer me and/or my household to Karuk Tribal Social Services for assessment and referral for such services as may be appropriate.
2. The information to be disclosed is all information in the tenant file(s) on me and my household maintained by the KTHA, 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 that I or any member of my household may have, or any health care information.
3. I understand that this agreement to be referred to the Karuk Tribal Social Services Department and this authorization to release information is completely voluntary on my part and that I have the right to refuse to submit to such a referral and to sign this consent. I am aware that KTHA is providing me this opportunity to obtain a referral of services because I have violated the terms of my lease/rental agreement/homebuyer agreement and am likely to be subject to eviction.
4. 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 to the Karuk Tribal Social Services Department as described in this form, if such information is contained in my tenant file. The Federal rules prohibit the Karuk Tribal Social Services Department 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 or health care is entirely voluntary on my part.
5. I understand that I may revoke this authorization in writing submitted at any time to the Karuk 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 KTHA 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 or Tenant’s Authorized Representative

Date

Signature of Witness

Date