

Emmanuel House Residence

Authorization For Release Of Information

I, _____,

certify that the information which I provide in applying for residency at Emmanuel House Residence is true and correct to the best of my knowledge. I authorize the Multi-Disciplinary Assessment Team to secure information from:

_____, *M.D.*

_____, *and*

_____, *and*

to discuss with each other such medically and socially related information as shall be deemed necessary to process my application for residency and to ensure adequate support services while I am a resident.

I understand this information will be used by Emmanuel House Residence for planning, policy and programmatic purposes. I am assured that this information will be kept strictly confidential and that when possible, my name will remain anonymous. I understand that the use of personal data shall comply with the provision of the Massachusetts General Law, Chapter 66A, Section 2, the Fair Information Practices Act.

Signature

Date