

Rescue Mission of Utica
293 Genesee St.
Utica, NY 13501
(315) 735-1645



Consent for Release and Exchange of Confidential Information

I, _____, hereby authorize Rescue Mission of Utica, Inc. to receive and exchange
(Name of Applicant – Please Print)

the following information from/with the agencies listed below as applicable to my application for the Rescue Mission of Utica Small Home residence:

- Rescue Mission of Utica Programs:
 - Emergency Shelter, 203/205 Rutger St., Utica, NY, (315) 735-1645
 - Parker House Aftercare Program, 212 Rutger St., Utica, NY, (315) 735-1645
 - West Street Apartments, 1013 West St., Utica, NY, (315) 735-1645
 - Enriched Living Center, 901 Park Ave., Utica, NY, (315) 735-1645
 - Addiction Stabilization Center, 210 Lansing St., Utica, NY (315) 735-1645
- The Emmaus House of Utica, 1215 Kemble St., Utica, NY, (315) 797-3339
- MVCC: Building and Trades Program, 335 Catherine St., Utica, NY, (315) 792-5400
- MVCC: Youth Build Program, 524 Elizabeth St., Utica, NY, (315) 731-5870
- Verification that the applicant is a US Veteran as defined by Title 38 of the Code of Federal Regulations, residing in Oneida County.

By agreeing to this release of confidential information, I understand that I am consenting to the Rescue Mission of Utica obtaining the following information:

- Confirmation of services received at the agency’s facility/program
- Statement of progress/completion of the facility’s program

The purpose or need for the exchange and disclosure of this information is to: Determine eligibility status for an application for the Rescue Mission of Utica Small Home residence.

I understand that my alcohol and/or drug treatment records, if applicable, are protected under the federal regulations governing Confidentiality and Drug Abuse Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), 45 C.F.R. parts 160 and 164, and cannot be disclosed without my written consent unless otherwise provided for by the regulations. I also understand that I may revoke this consent in writing at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically one year from the date of my signature below.

Signature of Applicant

Date

Prohibition on Re-disclosure of Confidential Information

This notice accompanies a disclosure of information concerning a person who may have been a client in alcohol/drug treatment, made to you with the consent of the client. This information has been disclosed to you from records whose confidentiality is protected by federal confidentiality rules (42 C.F.R., Part 2). The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 C.F.R. 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 this information to criminally investigate or prosecute any alcohol or drug abuse patient.