Privacy Act and HIPAA Authorization Form

Full Name: _____

Date of Birth: _____

Current Address:

Street/Apt: _____

City/State/Zip: _____

Home Phone: _____ **Work Phone:** _____

E-mail Address: _____

I, _____, authorize RIHousing to release to _____
PRINT NAME

all information maintained by RIHousing regarding my file pertaining to:

- ❑ Centralized Wait List
- ❑ Housing Choice Voucher Program
- ❑ Mortgage Application
- ❑ Property Management
- ❑ Other: _____

*Please note that RIHousing will confirm active placement on the CWL but we do not have the capacity to inform individuals of their specific placement (1st, 2nd, etc.) in line.

_____ _____

Signature **Date**