



# Mendocino County Health and Human Services Agency

"Healthy People, Healthy Communities"

Project Homekey - Live Oak Apartments



## AUTHORIZATION FOR USE, EXCHANGE AND/OR DISCLOSURE OF MY CASE MANAGEMENT OR PERSONAL INFORMATION

Live Oak Apartment's mission is to provide permanent housing for households that are experiencing homelessness or who are risk of homelessness. This project strives to provide a runway to re-stabilization and independence through strong support services that are tailored to the needs of each resident.

With our mission in mind, we would like to be advocates for our occupants to the fullest extent possible. Collaboration with other agencies has proven to be the most effective strategy in successful case management. We will only look to collaborate or communicate with agencies that are specifically working with you.

Date: \_\_\_\_\_ Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_

### AUTHORIZATION TO DISCLOSE & SHARE CASE MANAGEMENT OR PERSONAL INFORMATION

I hereby authorize the agencies listed below to share my case management and personal information with each other in honest efforts to assist you in your personal plan, and enter information about me in Vertical Change, a case management platform. I understand that this authorization is voluntary and that I do not have to sign it. We may seek to collaborate with community agencies providing resources that you may qualify for, to determine eligibility, etc. that are not explicitly listed below.

#### LIVE OAK PROGRAM PARTNERS:

By initialing here, you are allowing ALL of the agencies listed below to share your information and communicate with each other in order to provide you better services as program participant at Live Oak Apartments:

*OR initial boxes below:*

- Mendocino County Health and Human Services Agency:** 737 S State St, Ukiah
- Adult & Aging Services (In-Home Supportive Services & Adult Protective Services)**  
Ukiah, Willits, Fort Bragg: Case Worker \_\_\_\_\_
- Family and Children's Services (aka CPS)**  
Ukiah, Willits, Fort Bragg: Case Worker \_\_\_\_\_
- Employment & Family Assistance Services (Medi-Cal, CalWORKS, CalFresh)**  
Ukiah, Fort Bragg: Case Worker \_\_\_\_\_
- Mendocino County Behavioral Health & Recovery Services:** Ukiah, Fort Bragg
- Redwood Quality Management Company:** 350 E. Gobbi St., Ukiah, CA 95482
- Redwood Community Services:** 376 E. Gobbi St., Ukiah, CA 95482
- Manzanita Services, Inc.:** 410 N Jones St., Ste. C-1, Ukiah, CA 95482
- Mendocino County AIDS/Viral Hepatitis Network:** 148 Clara St., Ukiah, CA 95482
- Mendocino Coast Hospitality Center:** 101 N. Franklin St., Fort Bragg, CA 95437
- Mendocino Community Health Clinics, Inc.**
- Hillside Health Clinic: 333 Laws Ave., Ukiah, CA, 95482

Lakeview Health Center: 5335 Lakeshore Blvd., Lakeport, CA 95453

Little Lake Health Center: 45 Hazel St., Willits, CA 95490

**Mendocino Coast Clinic, Inc.**

205 South Street, Fort Bragg, CA 95437

855 Sequoia Circle, Fort Bragg, CA 95437

510 D Cypress Ave, Fort Bragg, CA 95437

**Adventist Health Ukiah Valley:** 275 Hospital Dr., Ukiah, CA 95482

**Other Community and Client Resources:**

**Medical Clinic Other:** \_\_\_\_\_

**Hospital, other than Adventist Health Ukiah Valley, listed above:**

Mendocino Coast District Hospital, 700 River Dr., Fort Bragg, CA 95437

Adventist Health Howard Memorial, 1 Marcela Dr., Willits, CA 95490

Other: \_\_\_\_\_

**Ford Street Project:** 139 Ford Street, Ukiah, CA 95482

**Ford Street Rehabilitation Center:** 139 Ford Street, Ukiah, CA 95482

**Project Sanctuary:** 564 S Dora St #A, Ukiah, CA 95482

**Redwood Coast Regional Center (RCRC):** 1116 Airport Park Blvd., Ukiah, CA 95482

**Community Development Corporation** 1076 N State Street, Ukiah, CA 95482

**Mendocino County Veterans Services** 405 Observatory Ave, Ukiah, CA 95482

**Law Enforcement**

**Criminal Justice Agencies/ Courts**

**School Districts:** \_\_\_\_\_

**Family Member / Support Person:** \_\_\_\_\_

*(Name & relationship)*

\_\_\_\_\_  
*(Address – street, city, state, zip code)*

## **PURPOSE**

The purpose of this authorization is for coordination of your services in the Project Homekey Bridge and Permanent Housing Programs. The information will be used by the program to refer you to and request services from agencies that you authorized in this document. The information may also be used to coordinate services between the agencies in order to improve outcomes. These services may be in areas such as health care, housing, employment, education, nutrition, parenting, child welfare, and/or other traditional social services. This information may also be used for data reporting (aggregate, not specific).

## **EXPIRATION**

This authorization expires on June 30, 2022 (end of Bridge Program) or on the following date:

## **MY RIGHTS**

I may refuse to sign this authorization. My refusal will not affect my ability to obtain treatment or payment or eligibility for benefits.

I may inspect or obtain a copy of the health information that I am being asked to allow the use or disclosure of.

**MY RIGHTS *continued***

I may revoke this authorization at any time, but I must do so in writing and submit to:

Mendocino County Health and Human Services Agency  
Attn: Advocacy and Collaboration Team  
747 S State Street, Ukiah, CA 95482.

My revocation will take effect upon receipt, except to the extent others have acted in reliance upon this authorization.

I have a right to receive a copy of this authorization.

I understand that information that the agencies on this form share with each other may be re-disclosed by the recipient except for substance use disorder treatment records. California law prohibits the person receiving my health information from making further disclosure of it unless another authorization for such disclosure is obtained from me or unless such disclosure is specifically required or permitted by law.

**SIGNATURE**

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ AM/PM

SIGNATURE: \_\_\_\_\_  
*(patient/legal representative)*

If signed by someone other than patient, indicate here:

RELATIONSHIP TO PATIENT: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

WITNESS SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_