



Housing Justice For All

Intermountain Fair Housing Council

Concilio de Vivienda Justa

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Information Release Form

I, _____, authorize the Intermountain Fair Housing Council and any of its employees or representatives to secure, receive, review, and copy any and all information requested by them, including, but not limited to, any records pertaining to my physical or mental health or treatment.

I authorize all custodians of requested information to disclose the requested information to the Intermountain Fair Housing Council and any of its employees or representatives.

The information received is being released at my request. I understand that the information shall be used to aid in the investigation and disposition of my complaint of housing discrimination.

I understand that I am under no obligation to provide this authorization to the Intermountain Fair Housing Council. I also understand that, if I refuse to provide it, the Council may be unable to proceed with the investigation of my case without the requested information and may be required to close my case for lack of evidence.

I understand that the information disclosed under this authorization may be subject to redisclosure by the Intermountain Fair Housing Council without my further authorization or consent. The information will no longer be protected by the Federal Privacy of Individually Identifiable Health Information Regulations.

This authorization shall remain valid through the date on which the Intermountain Fair Housing Council closes my case unless I expressly revoke it in writing prior to that date. The written revocation will not be effective until the Intermountain Fair Housing Council receives it.

I certify that I have read and fully understand the foregoing statements.

Signature

Date of Birth

Today's Date