

AUTHORIZATION TO RELEASE CONFIDENTIAL UNEMPLOYMENT INSURANCE
EMPLOYEE RECORDS

I _____,

Social Security Number: _____, authorize the Texas Workforce Commission (TWC) to release the following records (Please check applicable items):

- Unemployment Insurance claims records
- Wage Record
- Other (please list) _____

to the following person/entity: **Harris Health System**

I understand that these are the records of a state agency, and I expressly authorize that agency to release these records to the above person/entity for the following purpose:

Records may be entered in the QUAD project database for use by Harris Health System, Mental Health and Mental Retardation Authority of Harris County (MHMRA), Harris County Public Health and Environmental Services (HCPHES), and Houston Department of Health and Human Services (HDHHS) to establish eligibility for services, development of a service plan and referral for additional services. Information may also be viewed but not reproduced or removed by individuals engaged in authorized audits of covered entities.

I authorize the release of records for use only for the purpose listed above. Any person(s) obtaining records pursuant to this Authorization shall be solely responsible for the payment of all costs assessed by the Texas Workforce Commission for providing such records. A legible photocopy or telecopy transmission facsimile of this Authorization shall be deemed equivalent to the original. This Authorization shall be valid for a period of twelve months from the date of execution set forth below, or until my written revocation is received by TWC, whichever occurs earlier. I understand that records obtained as the result of this Authorization may be maintained by Harris Health System, Mental Health and Mental Retardation Authority of Harris County (MHMRA), Harris County Public Health and Environmental Services (HCPHES), and Houston Department of Health and Human Service (HDHHS) as long as it is necessary to achieve the purposes listed above.

This release shall apply to all time periods of records held or maintained by TWC unless specifically limited herein.

Signature: _____

Date: _____

Printed Name: _____

Copy to signer and copy maintained by Harris Health System