



GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION TO THE TENNESSEE DEPARTMENT OF HUMAN SERVICES

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|--|------|--------------|-----|---|--|
| Information will be released for: PRINT NAME ► | | Date: | | Identify Signer: <input type="checkbox"/> Self <input type="checkbox"/> Parent of minor <input type="checkbox"/> Guardian <input type="checkbox"/> Other authorized representative (explain) * Proof of legal authorization may be required. | |
| Street Address | | | | (Parent/guardian sign here if two signatures required by State law) | |
| Phone Number (with area code) () | City | State | Zip | | |

I give permission for any of the following records about me to be given to the Tennessee Department of Human Services (TDHS) and its authorized agents/contractors, for the purposes of determining my eligibility for cash assistance or services, unless stated otherwise below:

- Employment records, past or present
- Financial records from banks, credit unions or any other financial services, credit or financial information agencies
- Social Security, insurance companies, retirement or pension funds/departments records
- Social services, housing or public assistance agency records of any type
- Any court or law enforcement agency records
- Any other agency, person or organization records (except persons or organizations that have medical/health information or educational agencies**) that have information about me, including my spouse, children, any household member or neighbor

***If you do not want certain records to be given to TDHS or do not want certain person/organizations to release information, state what records you do not want to be given or which persons or organizations you do not want your records to be given to:**

****NOTE: IF MEDICAL/HEALTH INFORMATION IS REQUESTED, THE APPLICANT/RECIPIENT *MUST* COMPLETE A DEPARTMENT OF HUMAN SERVICES HIPAA RELEASE FORM. IF EDUCATIONAL RECORDS ARE TO BE RELEASED, THE EDUCATION AGENCY MAINTAINING THE RECORDS *MUST* BE CONTACTED DIRECTLY BY THE PERSON OR ENTITY SEEKING THE RECORDS.**

I give permission to TDHS to use a paper, fax or electronic copy or copies of this form to get my information. For the records I have given permission to be disclosed, TDHS can talk to, or get copies of my records from any of the person/organizations I have permitted and can get this information by paper, fax, computer or electronic copies of those records.
YOU DO NOT HAVE TO SIGN THIS FORM. *If you do not sign this form or if you take back your permission, TDHS may not be able to decide your case on time or may have to deny your case.*

- I will get a copy of this form after I sign it. I can ask TDHS to let me see a copy of the information it gets after I sign this form.
- **This permission is good for 12 months from the date I sign this form, unless I take back my permission sooner.**
- **You have the right to withdraw your permission at any time. You cannot take back information that has been received from other persons/organizations before you take back your permission and it will not affect any actions taken on your case before you take back your permission.**
- **To take back your permission to let us get your records from other persons/organizations, you can write TDHS in your county, or write the persons/organizations that you have said we can give your information to.**
- All information about you that TDHS gets is protected by the Privacy Act of 1974 and federal or state law or regulations. It will not be given to other persons or organizations unless the law or regulations allow or require us to give out that information, or you allow us to give out that information. If we are required or permitted to give out the information about your medical/health records, it may not be protected if the person or organization that receives it is not required by law to protect the information.
- **We may also use your information when we compare records by computer.** The computer matches our information with other federal, state or local government agencies. Many agencies use matching information to find out if a person gets benefits paid by the federal or state government. The matches also help prove that a person is eligible for help. The law lets us do this even if you do not agree to it.
- Ask TDHS to explain if you have questions about how or why your information is used.

Signature of Person or Person's Authorized Representative: _____ **Date:** _____