AUTHORIZATION TO RELEASE CASE INFORMATION
Human Resources Administration (HRA)
Office of Constituent Services

Phone – 212-331-4640 **Fax- 212-331-4685/4686**

The purpose of this document is to provide the Human Resources Administration with verification of a client's consent before releasing case information to a third party. Please note that this document should **NOT** be used for the purpose of obtaining any health related case information on programs or issues such as Medicaid, HASA, mental illness and/or substance abuse issues. For those types of cases please use the HIPPA Authorization Form.

Client's Name: _____

Client's Date of Birth: _____

Client's Case Number: _____

Client's Address: _____

_____

Client's Phone Number: _____

Describe Issue and Request: _____

_____

_____

Time Period for Information being requested: _____

Please have the Client read and sign the below portion.

I, or my authorized representative, request that my HRA case information be released to the below elected official, non-profit agency or community based organization for the purpose of assisting me with my case related issues.

_____ _____

Name of Requestor and Office Affiliation Contact Number

_____ _____

Signature of HRA Client Date (Valid for 90 days)

Revised April 1, 2014