

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