APIA
ALEUTIAN PRIBILOF ISLANDS ASSOCIATION

With Spirit and Strength

AUTHORIZATION FOR RELEASE OF INFORMATION

I do hereby authorize the mutual exchange of information regarding myself and/or children between Aleutian Pribilof Islands Association (APIA), Tribal Child Support Program, and the agencies or persons listed below. This information will be released for the specific purpose of determining eligibility for services through APIA and identifying client services needs for which I have requested.

I am authorizing APIA to release and receive information from the following agencies:

1._____ **3.**_____

2._____ **4.**_____

This release will expire: _____

Note: *Internal Revenue Service regulations prohibit release of any IRS data to any people other than to the involved parties. If the information in the question was initially from the IRS, it cannot be provided.*

_____ _____
Date Client Name (Printed)

_____
Client Signature

_____ _____
Date Staff/Witness Signature Title

This consent is given voluntarily, in writing for the above stated purposes. This consent may be revoked by me, in writing, at any time, except to the extent that action has been taken up that time in reliance thereof.

I understand that if I am protected by a restraining order or I have reason to believe I may be emotionally or physically harmed, I have a right to request that information on my whereabouts be withheld from anyone including other parties to my case. I hereby release the Aleutian Pribilof Islands Association Tribal Child Support Program and its designee named above from liability for the release of any information authorized under this agreement.

The information obtained from this release is CONFIDENTIAL and is intended only for the designated recipient. The information received may contain information from records protected by federal law and regulations governing confidentiality of Alcohol/Drug Abuse Patient records and Protected Patient Medical Information (42 CFR Part 2, and the Health Insurance Portability Accountability Act of 1996 (HIPAA), 45 CFR Part 164).