

MHM Applicant Authorization Form

AUTHORIZATION FOR THE RELEASE OF PERSONAL INFORMATION

Please complete all sections of this MHM Authorization Form. If any sections are left blank, this form will be invalid. Use N/A if not applicable. (Page 1 of 2)

Section 1-Applicant Information

Last Name: _____
First Name: _____ Middle Name: _____
Date of Birth ____/____/____
Address: _____
City/State/ZIP: _____

Section 2-Entity Authorized by Signatory to Disclose Information

Name Individual/Organization _____
Telephone Number: _____
Address: _____
City/State/Zip: _____

Section 3-Authorization Expiration Event or Date

Unless otherwise revoked by the applicant, this authorization for the release of information to the above named individual/organization will expire on the event or date specified below. Enter N/A in both fields if the release is ongoing.

Expiration Event: _____ Expiration Date: _____

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Section 4-Information to be Disclosed-General

☐ Application ☐ Decision ☐ Grant Amount

☐ Other Non-Specific

If Other Non-Specific, provide details: _____

Section 5-Authorization Information

I understand the following:

1. I authorize the use or disclosure of protected information as described above for the purpose indicated until such event or time as specified in Section 3.
2. I have a right to revoke this authorization. To do so I understand I must submit my revocation in writing to the party specified in Section 2. The revocation will prevent further disclosure of my information by the party specified in Section 2 from the date of receipt. I also understand that a written revocation is not effective with respect to actions the covered entity or party specified in Section 2 took in reliance on a valid Authorization, or where the Authorization was obtained as a condition of obtaining donation.
3. I am signing this authorization voluntarily and understand MHM decision will not be totally based on the information obtain from party specified in Section 2.
4. I have a right to receive a copy of this MHM Authorization Form, upon request.

Section 6-Signature by MHM Applicant

Name of Applicant (Print): _____

Signature: _____ Date: _____