

# WAIVER & RELEASE OF INFORMATION

## Manhattan Community Long-Term Recovery Committee

*Responding to the Floods – September of 2018*

In order to obtain special assistance to help me and/or my household to recover from the flooding that occurred in/near Riley County, Kansas on/about September 3, 2018, I consent to disclosure of information about me that *may* be protected under the common law, HIPPA or another Federal, state or local statute or regulation. By signing this form I am giving my express permission and consent for the social service and government organizations actively participating in the *Manhattan Community Long-Term Recovery Committee* to freely and openly discuss all aspects of my case as it involves and/or pertains to my request for assistance in recovering from the above specified disaster incident. Active members of this committee *may include, but are not limited to*, any of the following social service and government agencies: Greater Manhattan Community Foundation, Salvation Army, Shepherd's Crossing, Catholic Charities of Northern Kansas (CCNKS) and Flint Hills Area Agency on Aging. I also expressly direct the *The American Red Cross* to provide all information I have previously provided to them since the flooding occurred on/about September 3, 2018, *including* all information I provided about me and my household. This release is intended to be a comprehensive release of all demographic information about me and my household members and information regarding specific damages and needs related to the named flooding incident.

For my part, I agree to waive any actual legal or presumed rights of confidentiality and privacy that I or any of my household members might have. I hold all entities participating in the *Manhattan Community Long-Term Recovery Committee* harmless for any breach of HIPPA or other similar such statutes and regulations that might occur by discussing my circumstances.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*This release will remain in effect for two years following the date signed, and you may revoke it at any time (thereby canceling its validity) by submitting a written revocation to the Committee.*

*For purposes of this agreement, communication to the Committee shall be mailed to:*

***Catholic Charities, 323 Poyntz Ave., Ste. 102, Manhattan, KS 66502***