

## HOMEBRIDGE FOUNDATION – RESIDENTS RIGHTS STATEMENT

August 2023

As a resident of the Homebridge Foundation program, you have the right:

- Not to be discriminated against because of race, color religion, sex, age, national origin, sexual orientation, disability or socio-economic status
- To be treated with respect and courtesy by all staff, residents and guest of the Homebridge Foundation
- To personal privacy to the degree possible in a program such as the Homebridge Foundation
- To confidentiality by program staff, including communications and records of your residency as authorized and required by law
- To a safe, sober and clean living environment
- To have your expressed personal, cultural and spiritual beliefs considered when decisions are made regarding your residency, except when to do so would violate the program's values on non-discrimination
- To file a complaint about your residency without fear of recrimination or penalty, to have the complaint reviewed and whenever possible, resolved

## HOMEBRIDGE FOUNDATION – KEY PRINCIPLES

**Our Mission:** Homebridge Foundation was created to provide safe and managed residence options for Veterans in Central Oregon. It is our belief that individuals in transition or recovery can have a welcoming, warm, home-like place to live while continuing their personal journey.

### **POLICY: NO DRUG USE OR ALCOHOL USE – MARIJUANA IS NOT ALLOWED**

This is a Clean and Sober house, and you must be always clean and sober.

You will have a baseline UA when you arrive. Random UA's will be required. Homebridge Foundation Staff or any one that Homebridge designates to administer a UA may request a random UA. Failure to comply is cause for exit and is considered "dirty".

If you use someone else's urine sample or synthetic (store bought) urine, you will be exited immediately. If you fail a UA, we reserve the right on an individual case by case scenario to either exit you immediately or take the appropriate steps to prevent another failure. This process may incur additional costs up to \$100 per month at your expense in addition to your room charge to assure Homebridge Foundation that you will comply with our clean and sober policy therefore permitting you to remain in our community.

If you supply or give drugs, alcohol, marijuana, or any controlled substance to any resident or are caught dealing drugs on or off property, you will be asked to leave within 15 minutes and may get your belongings within 10 days. Items not recovered will be donated to a local charity.

If you are prescribed any narcotic medication we must be notified immediately, and it must be approved. Failure to report any legally prescribed controlled substance may result in an exit from our community. Any prescribed medication must be kept in a locked box with a copy of the prescription given to the house manager.

We employ a House Manager. Everyone is expected to interview with the House Manager when you are first housed. The House Manager will review each one of these guidelines/rules with you. The House Manager may provide information about recovery support and assist with resources for you. The House Manager is your first call if you have a conflict or problem. You are expected to obtain a sponsor if you are in NA/AA programs, and are expected to work together with the residents in the house on your sobriety. Honesty and integrity are always expected. **Our highest values are tranquility, cooperation, and personal safety.**

No threats of violence (Cause for termination).

No obstruction with law enforcement (Cause for termination).

**No discussion about other residents' background and warrants with non-residents or within the house without that person's permission.**

## LIVING IN A HOMEBRIDGE FOUNDATION HOUSE

Homebridge Foundation requires that all residents be employed, actively volunteering, and or enrolled in an accredited education program/school within 30 days of entering our house. We understand that idle time is not conducive to Successful Living and Recovery. Our House Manager will connect you with partner organizations to assist in achieving this requirement if needed and requested.

1. Residents must respect and take direction from the House Manager.
2. No holding or trafficking of ANY drugs, paraphernalia, or anything else that might be illegal. Any person that brings drugs or alcohol on the premises WILL be asked to leave immediately, and WILL NOT be allowed to return under any circumstance.
3. No weapons, violence or threats of violence will be permitted.
4. No racist, sexist, or foul language or propaganda will be permitted on the premises.
5. Self Harm or Self Destructive behavior in ANY form are NOT condoned and will NOT be tolerated while living at the home. (IE. cutting, eating disorders, gambling, sexual addiction, etc.) This behavior is viewed as a RELAPSE just as if using drugs or alcohol.
6. NO CALL- NO SHOW for 48 hours will result in exit. Please contact your House Manager if you plan on being gone longer than 48 hours with approval.

NOTE: House Managers are the only ones that can give permission to spend the night somewhere else. We enforce curfew unless you have permission and or a verified work schedule.

7. Immediately clean up any area you use (kitchen, bathroom, and common areas).
8. **CHORES:** Rooms will be kept orderly and clean, beds will be made daily when not occupied. Dirty dishes to be washed daily. No food in bedrooms at any time. Trash to be emptied daily. Rooms may be shared rooms unless arrangements are made. If there is an open bed in your room, you are responsible for maintaining the bed. Please DO NOT put your belongings on or under any empty bed in your room. You may not use the spare bed, dresser, or closet. Chores will be assigned and rotated weekly. The chore list is in the kitchen. If you cannot do your chores, you need to make arrangements with another resident to cover for you. The house is to be deep cleaned every week. Chores will include thorough cleanup of common areas (kitchen, bathrooms and living areas}. Each tenant is responsible for cleaning up after themselves and participating in communal chores as necessary.

**The house will be inspected each week and a report card provided. The house to maintain a passing grade of a B- at all times.**

9. **PRIVACY:** If some residents are on Community Placement, the Department of Corrections will have full access to the premises. You must respond to any questions from DOC or Homebridge Staff, whether you are on community placement or not. Telephone, in person or written DOC request will be answered by any resident honestly and with integrity.
10. **There is no expectation of privacy. Rooms may be searched for drugs or contraband at any time.**
11. Due to the fact the residents are in transition for various reasons, we will neither confirm nor deny that they live in the house.

12. Sexual relationships between residents are NOT permitted. All residents must sleep alone in their own bed.
13. No pets or service animal at any time for any circumstances.
14. Homebridge Foundation **Strongly Discourages** the borrowing or lending of money between our residents. If you borrow and loan it is at your own risk. **Residents are responsible for their own security and the security of their possessions.**
15. Homebridge Foundation is NOT responsible for your personal property. Each Client is provided a personal safe to store valuables and medication, and are responsible for maintaining their security. Residents storing personal belongings in common areas do so at their own risk. Property left over of from moving out or being evicted will be disposed of after 10 days unless other arrangements have been made. In no instance will we store anything for you when you leave for more than 30 days.
16. **CARS:** If you own a vehicle, it must be functioning and not in disrepair (leaking oil, smoking, etc) and must be registered with the state and road legal. You must have proof of a driver's license and insurance. Parking is first come, first served. There is no assigned parking. If you damage someone's car, it is your responsibility to provide compensation for repairs - we do not get involved. Homebridge Foundation is NOT responsible for any damages, theft, etc. of any vehicles.
17. You must abide by all rules of the house and all local and state laws. A copy of the house rules will be given to you upon moving in.
18. **SMOKING, VAPING, CHEWING: OUTSIDE ONLY.** You are required to always clean up your smoking materials. There is absolutely no smoking, vaping, or chewing in the house, garage, or any other structures on site. There is no smoking, vaping, or chewing on the front porch or in the front of our property. Please smoke in the designated smoking area only.
19. Stealing is cause for termination. Brining stolen goods into the house is stealing. Taking someone's medication is stealing. You will be asked to leave if you steal.
20. **FOOD:** Taking someone else's food is stealing. You must ask about taking items in the refrigerator.
21. Pronouns: We will use your preferred pronoun (he, she, they).
22. The computer and printer are to remain in the common area at all times.
23. **GUESTS are NOT allowed. NO overnight guests are allowed under any conditions.** Do not ask us to have your family, your mother, father, brother, sister, sister-in-law, grandparents, children, friend, pet or anyone that is not on an agreement in the house. NO persons under the age of 18 allowed anywhere on the property at any time, unless discussed with Homebridge staff and CPS has approved.
24. **No men or women who do not reside in the house are allowed. If your roommate does not report visitors to us, they will be asked to move out.** We allow family members to tour the house on move in day only or at a pre-arranged time.
25. **Utilities and Garbage:** Energy conservation is everyone's responsibility. Garbage and recycling cans must go out weekly on the designated day. It is up to everyone to make sure the cans are outside weekly for pick up.
26. **PROPERTY STORAGE:** Upon vacancy, AWOL status, or any other reason where you are not returning, any personal property left more than 10 days will be considered

abandoned and will be donated to charity or disposed of. Please plan and make arrangements for someone collect your items if you cannot do so.

27. By signing this agreement, you understand that breaching the safety of the house or exit will lead to a change in door codes. If you give your entry code to someone else, or let someone in on your code, this is grounds for termination.
28. We are partnered with a number of external agencies. We will make recommendations for outside counseling, medical care, support, schooling and employment to the extent we are able. We believe that living in a Homebridge Foundation house is an opportunity to expand and heal. We will do everything we can to facilitate these goals.
29. Curfew is midnight on Friday and Saturday night. Curfew is 10 pm Sunday through Thursday night. No exceptions unless approved by Homebridge Foundation staff. You will be asked to provide a work schedule to the House Manager.
30. No burning of candles, incense, or the wood stove/fireplace at any time.
31. If you intentionally damage the house, you will pay for the damage. If no one self reports, then the entire house residents will pay for the damage.
32. **NEW RESIDENTS:** We will not knowingly bring someone into the house that has harmed you or provides stress to you.
33. Be friendly and cooperative in the neighborhood. A friendly attitude will help our "Good Neighbor Policy".

These rules will be adhered to absolutely, to ensure the safety and security of all Homebridge Foundation clients and staff.

Client hereby certifies they have carefully read and understands the rules and regulations as stated in this agreement.

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Signature of Applicant

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Date of Signature

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Signature of Operator

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Date of Signature

## CLIENT TERMS AND CONDITIONS

I understand that this recovery house is in compliance with the Anti-Drug Act of 1988 Public Law #100- 960 which exempts this house from the Landlord Tenant Act. \_\_\_\_\_

I agree to comply with the house rules and expectations at all times. \_\_\_\_\_

I understand that I must comply with the House Manager Directives. \_\_\_\_\_

I understand that I must comply with the Department of Corrections and/or mental health counselor directives if appropriate for my situation. \_\_\_\_\_

I will immediately report mine or any other resident's use of alcohol, drugs, marijuana or any controlled substance to Homebridge staff or the House Manager. Failure to report will be cause for termination of residency. \_\_\_\_\_

I understand that cooperation and kindness are key values and will do my best to support the residents in the house. \_\_\_\_\_

I have identified any personal property with a value greater than \$50 to the intake team. I understand that Homebridge Foundation is not responsible for my personal property. \_\_\_\_\_

I understand that if I have a conflict with anyone that the House Manager and Homebridge staff will help come to a resolution. We will work together as a team to resolve any conflict. \_\_\_\_\_

Signed and Understood \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

## INVOLUNTARY TERMINATION OF RESIDENCY

Involuntary termination of residence shall include, but is not limited to:

1. Use or possession of alcohol, drugs, controlled substances, marijuana, and medications not prescribed to you, drug paraphernalia, guns, knives, other weapons. \_\_\_\_\_
2. Dealing drugs on or off the property. \_\_\_\_\_
3. Abuse of over the counter or prescription medications. \_\_\_\_\_
4. Possession of stolen goods or any theft. \_\_\_\_\_
5. Non-residents on the property. \_\_\_\_\_
6. Physical violence or threats of any kind. \_\_\_\_\_
7. Violation of curfew. \_\_\_\_\_
8. Violation of house rules. \_\_\_\_\_
9. Failing to perform chores and in a timely manner. \_\_\_\_\_
10. Having a messy room or food in your room 3 times. \_\_\_\_\_
11. Stuffing anything down the toilet except toilet paper. \_\_\_\_\_
12. Damaging the house intentionally. \_\_\_\_\_
13. Soliciting money from other residents. \_\_\_\_\_

## CLIENT INTAKE INFORMATION

**LANDLORD / TENANT RULES DO NOT APPLY TO TEMPORARY HOUSING****Personal Information:**

Date: \_\_\_\_\_ Referred By: \_\_\_\_\_

Client Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_

Drivers License State &amp; #: \_\_\_\_\_

Vehicle: (year, make &amp; model): \_\_\_\_\_ License Plate Number: \_\_\_\_\_

List the organizations, case managers or resources you are currently working with:

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**Income**Working:  Yes  NoHUD-VASH Housing Voucher Social Security Income (SSI): Social Security Disability Insurance (SSDI): Other:  \_\_\_\_\_

What monthly funding are you receiving from VA or any other resource: \_\_\_\_\_

**Healthcare Information:**Medicaid: State Health: Other:  \_\_\_\_\_

Any mental health services or medication in the past or present? If so, please list:

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Any Chemical Dependency past or present, and do you receive services? If so, please list:

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## **Employment:**

Are you working or looking for work: \_\_\_\_\_ Type of work: \_\_\_\_\_

Employed By: \_\_\_\_\_

Business Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Job Description: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Employed how long: \_\_\_\_\_ Monthly Salary: \_\_\_\_\_

Do you plan on attending school or training, and if so what type of education? \_\_\_\_\_

## **Housing History:**

How long have you lived at your current address? \_\_\_\_\_

Times you lost housing and why: \_\_\_\_\_

Have you ever been evicted and why? \_\_\_\_\_

Previous Landlord & contact info: \_\_\_\_\_

## **Emergency Contacts/Family or Friends:**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

## **Incarceration or Arrest history**

Past Arrests: DUI: \_\_\_\_\_ Drug Related: \_\_\_\_\_ Other: \_\_\_\_\_

Attorney's Name: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Probation Officer: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Parole Officer: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Have you ever been convicted of a sexual crime?  Yes  No

Have you ever registered as a sex offender?  Yes  No

## Incarceration or Arrest history, continued

Any charges pending:  Yes  No

Charge \_\_\_\_\_ County \_\_\_\_\_

Status \_\_\_\_\_ Charge \_\_\_\_\_

County \_\_\_\_\_ Status \_\_\_\_\_ DOC

Number \_\_\_\_\_

Are you working with any other organization or case managers are they helping with resources?

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What should we know about you to assist you? Please feel free to write in comments:

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Please sign to indicate that you have carefully read and agree with the information as stated above.

**Applicant Signature:** \_\_\_\_\_

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

**Operator Signature:** \_\_\_\_\_

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

## ADMISSION AGREEMENT

The undersigned ("Client") hereby agrees with Homebridge Foundation and **Peggy and David Budnick** ("Operators"), operator of the facility located at \_\_\_\_\_

as follows:

- 1. Payment Policy:** Client will pay the Operator the total amount of:
  - weekly, \$ \_\_\_\_\_ per week
  - monthly, \$ \_\_\_\_\_ per monthin consideration for being admitted to the \_\_\_\_\_ House in accordance with the terms and conditions of this agreement, specifically including the **Homebridge Foundation** rules attached hereto. Rent must be paid on the 1<sup>st</sup> day of the period (week or month) no later than 6:00pm. Once such payment has been made, no refunds will be given except in the sole and absolute discretion of the Operator.
- 2. Actions which shall result in termination of the agreement:** include the use of drugs and alcohol on the property, acts of self-harm or self-destructive behavior, holding or trafficking any drugs or paraphernalia, holding or trafficking any weapons, and violence to another client or staff. The client also understands that a third violation of any of the rules that are attached signed and dated by both client and operator shall result in termination of this agreement. Client acknowledges that the rules are necessary to provide a safe and supportive living environment.
- 3.** House rules must be honored and adhered to at all times.
- 4. Conditions under which agreement may be voluntarily terminated:** You may voluntarily terminate this agreement at any time by providing a written statement to that effect, signed and dated by you, witnessed by another adult, and delivered to the House Manager or the Operators. There will be no refund of previously paid fees upon termination.

This admission agreement shall be automatically terminated in the event of the client's death. No liability of debt shall accrue after the date of death. Written termination

### FINANCIAL DISCLOSURE – ROOM CHARGES:

- 1. Monthly Room Charges** are due and must be paid in full on the first of the month. No partial payments will be accepted. NO EXCEPTIONS. Room charges not paid in full within 4 days of their due date will incur a late fee of \$75.
- 2. Weekly Room Charges** are due and must be paid in full on Friday by 6pm. No partial payments will be accepted. NO EXCEPTIONS. Weekly room charges not paid in full by the following Monday at 6pm will incur a late fee of \$25.

3. It is solely your responsibility to make timely payment arrangements if you have an organization or a third party assisting you or paying your Room Charges.
4. If you do not communicate with us about paying your room charge and you are late on paying your room charge, you will be given a 72-hour notice to pay or vacate.
5. There is a one-time non-refundable \$100 fee upon entry in addition to your first Room Charge, whether weekly or monthly pay. This \$100 fee is to offset the initial costs of house supplies and linens that are provided for you upon moving into the residence.
6. We do not accept cash or personal checks. We will only accept a one-time money order and/or certified bank check written: "Pay to the order of Homebridge Foundation" when you first arrive for your initial intake. All future Room Charges must be paid by debit/credit card. Our administration staff will keep your debit/credit card information on file and will run your room charge per our Monthly or Weekly payment schedule.

If the provided information on file is run and does not cover your room charge in full, the agreed-upon late fee will apply. It is your responsibility to ensure that there are sufficient funds to cover your room charge.

7. Policy on Refunds: There are NO REFUNDS. If you pay your room charge and voluntarily self-exit the community prior to the completion of that paid period, we will not refund any prorated amounts based on days not used. If you have violated our set guidelines and are asked to leave the community and have already paid for the period, there is no refund.
8. \*If you are a resident that has but put in jail, we may or may not hold your room. Discussion will be held with your CCO and counselors to determine the best housing option for you. Ultimately the final decision remains solely with Homebridge Foundation. ORS 90.243 – Qualifications for Drug and alcohol-free housing governs this agreement.
9. POLICY ON FINANCIAL INVOLVEMENT OF STAFF: Anyone associated with the house or foundation is prohibited from handling your finances. Homebridge Foundation will not become anyone's fiduciary. The exception is we may provide referrals to agencies who may assist with room charge payments.

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

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

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

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

## **Authorization For Release Of Information (ROI) Form Instructions**

ROI's must be completed in blue or black pen to be processed. All writing must be legible for records to be released.

### **Applicant's Information:**

On the top of the ROI, it will ask for applicant's name and Date of Birth (DOB). Applicants name must include both first and last name for the request to be fulfilled. If the applicant has a previous last name, you will need to complete a separate, independent ROI form to request the records for each name.

### **Person/ Agency Receiving Information:**

This section must include the complete name of the person we will be releasing records to. If the person requesting the records is the same person we will be releasing to, we will still need the complete name.

All ROI's must include the complete mailing address in this section for release. We use this for verification and an alternative method of release in case we are unable to fax or email.

If you would like records emailed or faxed, the email address will need to be provided in this section. Please make sure that they are clear and legible.

If there is a preferred method you would like the records to be released, please circle the preferred method of release in this section. We will attempt to accommodate all requests; however, may be denied due to fax and email limitations. If we are unable to release by fax/email, we would then mail the records out or prepare for pick-up if the option is checked off on the ROI form.

### **Information to be disclosed:**

This section indicates which specific records you are authorizing for release. Below is a breakdown of what each option is. If you are still unsure which one to check off, please feel free to use the "Other" option and write which records you are authorizing for release. The "Other" option is also to be used if you are requesting program specific records (IECP, FCAP, WIT, HNCM, IOP).

- Rental History: Previous addresses, personal, treatment, transitional housing.
- Criminal History: This is to allow communication between the staff and the person/ agency records are being released to. This will help if the requestor has any questions regarding the records.
- Psychiatric Assessments/ Evaluations: These include the Psychiatric Assessment and Evaluations only.
- Treatment/ Service Plans: CFT's, Service Plans and Therapy Treatment Plans.
- Intake Assessment/ Annual Assessments: Assessment completed at time of Intake and Annual Assessment updated from that Initial Intake Assessment.
- Payment Records: This option is only for Itemized Billing Statements.
- Team Staffing's: Case Management, Billable and Non- Billable notes.

- Progress Notes: Med Monitoring Notes, Dr. Consults, Psych Assessments/ Evaluations.
  - Medications: Med Monitoring Notes, Dr. Consults, Psych Assessments/ Evaluations.
  - Discharge/ Disenrollment Summary: Discharge Summaries from specific services and Disenrollment note once services are closed out.
  - Psychotherapy Notes: Therapy Notes: Family Therapy, Individual Therapy, Sand Tray Therapy,
  - Group Therapy, Program Specific Therapy Notes (WIT, IECF, HNCF, IOP, FCAP, etc.).
- If you would like a copy of any of the notes in the specific programs, you will need to use the "Other" line to specify which program notes are being requested.

### **Dates of Records:**

ROI's can be used for extended release for up to a year, if there are no changes. If you would like to use this option, you will need to complete the section that states, "I revoke this authorization" and either use the date that is 1 year from the date you are signing the ROI form or you may check off one of the other options listed in this section.

### **Signature:**

The last section of the ROI is the Signature and Date of Signature. If the Member is 18 or older, they will need to sign and request the records.

### **Verification:**

If the requestor has Power of Attorney (POA) of the adult Member then they would sign but we would also need a copy of the POA submitted with the ROI form and picture ID. If there is any legal documentation regarding custody, you would want to submit that with the ROI as well.

Once the ROI form is completed, you will need to either make a copy of your picture ID. The ROI and ID can be submitted any 1 of the 2 ways listed below:

1. Email: [info@hfhousing.org](mailto:info@hfhousing.org)
2. In Person during interview

### **Processing Time:**

Please allow 7 to 10 business days to process medical records request. In the event, you have an urgent medical records request, please note this on the ROI form and we will do our best to accommodate.

For ROI's that are submitted for Transferring agencies, we ask that you allow us 30 days to process these. There are further steps that will be needed to process a transfer so they generally take longer to process.

### **Questions/Comments:**

If there are any questions regarding the ROI form, please feel free to contact Peggy Budnick, Program Manager at 925-640-8093

**AUTHORIZATION FOR RELEASE OF INFORMATION**

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

Person/Agency authorized to make the disclosure: Homebridge Foundation  
3225 McLeod Drive, Suite 100,  
Las Vegas, NV 89121

Person/Agency Receiving the Information:

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax#: \_\_\_\_\_

Information to be disclosed, check all that apply:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Rental History        | <input type="checkbox"/> Payment Records | <input type="checkbox"/> Discharge/Disenrollment Summary |
| <input type="checkbox"/> Criminal History      | <input type="checkbox"/> Team Staffing   | <input type="checkbox"/> Progress Notes                  |
| <input type="checkbox"/> Test Results / Labs   | <input type="checkbox"/> Medications     | <input type="checkbox"/> Intake / Annual Assessments     |
| <input type="checkbox"/> Other (Specify) _____ |  |  |

Dates of Records: From: \_\_\_\_\_ To: \_\_\_\_\_ OR if no dates, 2 years will be released.

Check here if each of the above parties may disclose your information with the other party.  
The above information may include records of drug abuse, alcoholism, medical history, criminal history, residency history.

Purpose for Disclosure: \_\_\_\_\_

I understand I may revoke this authorization at any time by writing to Homebridge Foundation and signing the appropriate box in the original signed copy of this form located in my medical record. The revocation will be effective except to the extent that action based on this authorization has already been taken. Homebridge Foundation may not condition eligibility for housing on whether the consumer signs the authorization. The information used or disclosed by this authorization may be at risk for re-disclosure by the recipient and no longer protected by federal privacy laws.

I revoke this authorization ON Date: \_\_\_\_\_ Signature: \_\_\_\_\_

This consent will expire (Check one):  
 ON Date: \_\_\_\_\_  
 Upon termination of residency  
 Upon denial of application for residency\_\_\_\_\_  
Signature of Applicant\_\_\_\_\_  
Date of Signature

**Authority for Release of PHI Under HIPAA**

This section shall be interpreted to specifically allow for the release to Homebridge Foundation, 3225 McLeod Drive, Suite 100, Las Vegas, NV 89121 of any information subject to the provision of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). 42 U.S.C. 1320d and CFR 160-164.

The Principal authorizes any physician, health care professional, dentist, health plan, hospital, clinic, laboratory, pharmacy or other covered health care provider, any insurance company and the Medical Information Bureau Inc. or other health care clearinghouse that has Principal for such services, to give, disclose, and release to the Homebridge Foundation, without restriction, all of Principal's individually identifiable health information (as defined in HIPAA), financial and billing records, and medical records regarding any past, present or future treatment of HIV/AIDSs, sexually transmitted diseases, mental illness, and drug or alcohol abuse. The Principal understands that once the foregoing information is disclosed, it may be redisclosed by the Homebridge Foundation and the information may not be protected by federal or state privacy laws or regulations. This authority given to the Homebridge Foundation shall supersede any prior agreement that the Principal may have made with Principal's health care providers to restrict access to or disclose of Principal's individually identifiable health information. This authority given to the Homebridge Foundation has no expiration date and shall terminate only in the event that the Principal revokes this authority in writing and delivers it to Principal's health care provider. The Principal hereby waives the physician-patient privilege as to all communications between any physician (or other health care provider) and the Principal and Principal to the extent necessary to permit any such physician (or other health care provider) to disclose to the Homebridge Foundation all such individually identifiable health information.

Principal: \_\_\_\_\_

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

Homebridge Foundation: \_\_\_\_\_

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