Human Resources Administration
Department of Social Services

OCS-1 (E)

AUTHORIZATION TO RELEASE CASE INFORMATION
Human Resources Administration (HRA)
Office of Constituent Services
Phone – (212) 331-4640 Fax – (212) 437-2615

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 HIPAA Authorization Form.

Client's Name _____

Client's Date of Birth _____

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 portion below.

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

This authorization will expire one year from the date of signature.

I have the right to revoke my authorization at any time by writing to the Human Resources Administration, Office of Constituent Services, 150 Greenwich Street, 35th Floor, New York, NY 10007. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.