The City of Las Vegas / HOPWA Consent for Release of Confidential Information

Client's Name:					
Address:					
City/State/Zip:					
SSN:	DOB:	1	/	UID#:	_
	magers to share i	inforn	nation v	IOPWA funded agencies and vith each other and The City	
Aid for AIDS of New Economic Opportun Golden Rainbow					
The Just One Project	t				
Women's Developm					
2 0	C	_	:		
(Address, company	, and point of con	tact)			
	eal disease which	may i	nclude,	cords that indicate the preser but are not limited to, diseas	
disclosed without my wi	ritten consent, unl revoke this conse	less ot ent, in	herwise	ral regulations and cannot be provided for in HIPAA regu, at any time except to the ex	lations.
Information may be relo	eased to the above	e namo	e persor	/agency until: (Expiration Dat	<u>e)</u>
(Date)		(Sign	nature o	f Client)	