

# Appendix I

## HOSPITALITY IN THE NAME OF CHRIST

### GUEST DISCLOSURE

#### Disclosure authorization consent:

- I understand that my intake information is protected under the state and federal regulations governing confidentiality of records.
- The regulations are the Federal Law of Confidentiality for Alcohol and Drug Abuse Patients, (42 CFR, Part 2) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR, Parts 160 and 164.
- If applicable, I acknowledge that I have turned in all prescriptions to the Shelter Coordinator at the time of intake. I acknowledge that I am fully responsible for any prescriptions not turned in, and that any sales, distribution or misuse of these will be grounds for my expulsion from the shelter.
- I understand that information obtained during the intake process may be shared with other collaborating agencies and entered into the Homeless Management Information System for statistical purposes.
- I understand that this consent will remain in effect with Hospitality In the Name of Christ from 10/27/2013 to 4/26/2014.

GUEST SIGNATURE: \_\_\_\_\_ DATED: \_\_\_\_\_

COMPLETED BY: \_\_\_\_\_ DATED: \_\_\_\_\_

#### ID Verification

Name: _____	Birth date: _____	
Address: _____		
_____		
ID Type: Driver's License: _____	State ID: _____	State Issued: _____

Additional Notes:

---

---

---

---