

Client Consent to Share Information

CAS Incident or Disaster Relief Operation # _____



Privacy: The American Red Cross respects the privacy of its clients. We will honor your wishes when sharing information about your needs.

Coordination: In some instances, we can better serve you in meeting your needs if we can share your case information with other organizations that provide disaster relief services.

Coordinated Assistance Network: In some disasters, the Coordinated Assistance Network collaborates with other organizations to provide assistance and establish a common database for client information. All organizations that participate in the Coordinated Assistance Network are committed to respecting privacy and using information only for client assistance purposes.

Your Preferences and Consent: Please tell us how you want us to use your information. We will follow your instructions, unless special circumstances arise in which we need to use your information to address legal or safety requirements.

Please check one or more:

- ☐ **General:** I authorize the American Red Cross to share my information with and receive information from other disaster relief organizations, including the Coordinated Assistance Network.
- ☐ **Medical:** I authorize the American Red Cross to share my information with and receive information from my medical provider and/or pharmacy as necessary to assist with my identified need/s.
- ☐ **Specific:** I authorize the American Red Cross to share my information with and receive information from the specific individuals/organizations (landlord, etc.) listed below:

Names/Contact Information:

- ☐ **Safe & Well:** I authorize the American Red Cross to register me on the Safe & Well website (when applicable) so that my family/friends can find out that I am safe and well.
- ☐ I do **NOT** authorize the American Red Cross to share my information.

Client's Printed Name: _____

Client's Signature: _____

Date: _____