AUTHORIZATION TO RELEASE AND REVIEW INFORMATION

I authorize the Scranton Human Relations Commission and any of its employees or representatives to secure, received, review and copy any and all information requested by them with respect to my medical history, including but not limited to any written reports pertaining to my physical or mental condition and treatment.

I authorize all custodians of the requested information to disclose the request information to the Scranton Human Relations Commission and any of its employees or representatives.

Specifically, I authorize the release of the following information:

The information received is being released at my request. I understand that the information shall be used to aid the investigation and disposition of my complaint of civil rights discrimination, which I have filed pursuant to the Scranton Human Relations Act.

I understand that I am under no obligation to provide to the Scranton Human Relations Commission. I also understand that, if I refuse to provide it, the Commission may be unable to proceed with the investigation of my complaint without the requested information and may be required to dismiss my complaint for lack of evidence. The Commission may also decide to dismiss the complaint for failure to cooperate, as a result of my refusal to provide this authorization.

I understand that the information disclosed under this authorization may be subject to re-disclosure by the Scranton Human Relations Commission without my further authorization or consent. The information will no longer be protected by the federal Privacy of Individually Identifiable Health Information Regulations.

This authorization shall remain valid through the date on which the date on which the Scranton Human Relations Commission closes my complaint unless I expressly revoke it in writing prior to that date. The written revocation will not be effective until the Scranton Human Relations Commission investigator assigned to my case received it.

I certify that I have read and fully understand the foregoing statements.

Date _____   Signature _____