



Modoc County Health Services
Public Health Department

Modoc SAFE Program
Authorization to Release Information

I hereby acknowledge receipt of the Notice of Privacy Practices.

I, _____, authorize Modoc County Health Department to release information provided to the Modoc County SAFE Program for use during emergencies and/or situations where the released information will provide necessary resources and/or life saving measures to benefit my interests.

The authorization is valid for release to the following entities, under the above circumstances:

- *Emergency Response Agencies within Modoc County*
- *American Red Cross*

Applicant Signature or
Applicant Legal Guardian Signature

Date

Applicant Witness

Date