



415 W. Main Street
Smethport, PA 16749
(814) 887-5563
Relay #: 711

~INSTRUCTIONS~

Consent to Interactions With Third Parties

(For Processing Reasonable Accommodation/Modification Requests)

This form is available on MCHA's website at www.mckeancountyhousing.com and can be viewed on your computer in an accessible format.

If you need assistance in reading or understanding these instructions, or require an interpreter, please contact your site manager/leasing officer for assistance.

*Si necesita ayuda para leer o entender estas instrucciones, o necesita un intérprete, por favor contacte a su administrador del sitio / agente de arrendamiento para asistencia.
(Spanish Language)*

Do You Have Any Questions About this Form or the Process?

Your site manager or leasing officer is ready to assist you. Contact them with any questions.





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What Will Happen When I Sign This Consent Form?

By signing this form, you give consent to McKean County Housing Authority and/or persons working on MCHA's behalf ("MCHA"), to call, write to, or otherwise communicate and interact with the medical, social services, other service provider or individual that you identified to verify the request for reasonable accommodation/modification ("Request") in which you are involved.

You are giving your permission for MCHA and the individual that you identified to verify your Request to exchange your private/confidential medical or other information relevant to the Request. ***The interactions will be for the sole purpose of verifying your Request and no other purpose.***

Will Information That is Exchanged Be Kept Confidential?

YES! MCHA values your privacy. MCHA will keep all information that is exchanged between MCHA and the individual that you named to verify your Request confidential and secure.

For How Long Do I Give My Consent to These Interactions?

You are giving your permission until you revoke your consent in writing. You can revoke your consent ***at any time.*** To revoke your consent, you simply fill out and sign page 2 of the form and return it to MCHA's 504 Coordinator (see instructions below). When MCHA's 504 Coordinator actually receives your revocation, MCHA will stop all communications with the individual that you identified to verify the Request.

Specific Instructions For Filling Out The Form

1. In the blank line on the first paragraph of the Consent Form you insert the name of the family member with the disability.

2. In the large box in the middle of the form you name the 3rd party verifier with whom you are giving MCHA permission to call, write, or otherwise communicate for the purpose of verifying your Request. You should fill all of the requested information, including providing an email address, if you can get that information. The more ways you provide for MCHA to contact your verifier, the more quickly your request might get processed.





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3. Since by providing your consent you are allowing MCHA and the person that you identified to verify your Request to communicate and interact with each other, and to exchange your private/confidential medical or other information relevant to the Request, MCHA recommends, but does not require, that you go over this consent form with an advisor or attorney of your choice prior to signing the consent to ensure that you fully understand the effect of signing this Consent form.

4. At the end of the Consent Form you will sign, provide the date, print your name (because MCHA cannot read everyone's signatures), and provide your current address and telephone number.

What If I Don't Want MCHA and My Verifier to Communicate Any Longer?

You can revoke (or end) your consent **at any time**. To revoke your consent, you must do so in writing. Go to page 2 of the form and sign and return it to MCHA's 504 Coordinator at the address provided on the form. Make sure that you return the revocation form directly to MCHA's 504 Coordinator, or your revocation may be delayed.

The revocation of your consent takes effect when MCHA's 504 Coordinator **actually receives** your form, not as of the date on your form. So, you should deliver it to MCHA's 504 Coordinator as soon as possible.

When MCHA receives the revocation of your consent, MCHA will stop all communications with the individual that you named to verify your Request.

IMPORTANT: Please be aware that if you revoke your consent before MCHA has been able to verify your Request, this may result in MCHA not obtaining information necessary to process the Request, and the Request could be denied on that basis. If you want MCHA to continue to verify your Request, you should contact MCHA's 504 Coordinator to discuss next steps.

~END OF INSTRUCTIONS~





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Consent to Interactions With Third Parties (For Processing Reasonable Accommodation/Modification Requests)

I, _____ hereby give consent to McKean
[PRINTED NAME OF FAMILY MEMBER WITH DISABILITY]

County Housing Authority ("MCHA"), and/or persons working on MCHA's behalf, to communicate and interact with the individual named below to the extent MCHA deems necessary in order to fully process a request for reasonable accommodation/modification ("Request") in which I am involved. I give MCHA and the person named below permission to exchange my private/confidential medical or other information relevant to the Request. This consent will continue indefinitely unless and until it is revoked by me in writing.

Printed Name: _____			
Title: _____			
Organization: _____			

Street Address	City	State	Zip Code

Telephone Number			

Email Address			

BY SIGNING BELOW I ACKNOWLEDGE THAT THIS CONSENT FORM CONTAINS LEGAL RIGHTS AND OBLIGATIONS, AND I AGREE THAT I HAD THE OPPORTUNITY TO REVIEW THIS CONSENT FORM WITH AN ADVISOR OR ATTORNEY OF MY CHOOSING PRIOR TO BEING REQUIRED TO SIGN THIS CONSENT FORM.

Signature

Today's Date

Printed Name

Address City State Zip Code

Telephone Number





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Revocation of Consent to Interactions With Third Parties

I, _____ hereby revoke my consent to
[PRINTED NAME OF FAMILY MEMBER WITH DISABILITY]

McKean County Housing Authority ("MCHA"), and/or persons working on MCHA's behalf ("MCHA"), to communicate and interact with the medical, social services, or other service provider or individual named in my Consent to Interactions Form for the purpose of processing my request for reasonable accommodation/modification. As of the date that MCHA's 504 Coordinator receives this revocation, MCHA must stop all communications with the individual named above with regard to my request.

I understand that revocation of my consent may result in MCHA not obtaining information necessary to process my request, and the request could be denied on that basis. If I want MCHA to continue processing my request, and/or I want to designate another third party to interact with MCHA on my behalf, I will contact MCHA's 504 Coordinator to discuss next steps.

BY SIGNING BELOW I ACKNOWLEDGE THAT THIS REVOCATION OF CONSENT FORM CONTAINS LEGAL RIGHTS AND OBLIGATIONS, AND I AGREE THAT I HAD THE OPPORTUNITY TO REVIEW THIS CONSENT FORM WITH AN ADVISOR OR ATTORNEY OF MY CHOOSING PRIOR TO BEING REQUIRED TO SIGN THIS CONSENT FORM.

Signature

Date

Printed Name

Address

City

State

Zip Code

Telephone Number

TO PROCESS YOUR REVOCATION OF CONSENT
PLEASE RETURN THIS FORM AS SOON AS POSSIBLE TO:

McKean County Housing Authority
Attention: Alcherrie Williams, 504 Coordinator
415 W Main Street, Smethport PA 16749

THIS REVOCATION IS NOT EFFECTIVE UNTIL
ACTUAL RECEIPT BY MCHA'S 504 COORDINATOR

