



Joseph P. Ganim
Mayor

City of Bridgeport

MiRA

Mayor's Initiative for Re-entry Affairs

999 Broad Street, Bridgeport, CT 06604
bridgeportct.gov/MIRA

Earl Bloodworth
Director

Margaret E. Morton Government Center
999 Broad Street
Bridgeport, CT 06604
203-330-4235 (Main Ofc. Phone)
Please send all info to email below:
MIRA.Service@BridgeportCT.Gov

MIRA DOCUMENTING SYSTEM AUTHORIZATION FOR RELEASE OF INFORMATION

It is up to you whether you want to sign this form. The information you allow us to disclose could later be re-disclose by the recipient and if that person or organization is not a health care provider, the information may no longer be protected by Federal privacy regulations. Your decision whether to complete this form will not affect your eligibility for benefits, payment or enrollment in other services.

The Mayor's Initiative for Reentry Affairs is a shared system. This means that authorized MIRA Participating Agencies may enter your information into the MIRA database. These Participating Agencies will have access to the information that is entered into MIRA DOCUMENTING SYSTEM. Sharing your data allows service providers to determine if they have services that are appropriate to fit your needs. It does not guarantee that you will receive employment. The type of information collected in the system includes basic identifying information for you and each member of your household (including name, SSN, date of birth, gender, race, ethnicity, household information, phone number(s), military veteran status, and disability status). The information entered into MIRA DOUMENTING SYSTEM may include information regarding your criminal history, basic demographics, and other areas pertinent for reporting outcomes.

A list of participating agencies which will have access to your information is attached.

I understand that this form will expire six (6) months from the date I signed it. I may revoke this authorization in writing at any time; however, I understand that revoking it will not change anything about information disclosures that have already occurred.

Participant Signature: _____

Date: _____

Print Name



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Note: If you are a legal guardian or representative, you must attach a copy of your legal authorization to represent the member and complete the following:

Signature of Guardian/Representative: _____

Print: _____ Date: _____

Legal Authority: _____

MIRA Staff Signature

Print Name

Date

NOTICE TO RECIPIENT OF CLIENT'S INFORMATION

All or part of this information may have been disclosed to you from records protected by the Federal and/or Connecticut state law which prohibits you from making any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by said law(s).

Original copy to be retained in Department and a copy to Participant/Agency

Revised 01/2021