

[APPROPRIATE AGENCY LETTERHEAD]

READ FIRST: Before you decide whether or not to let [Program/Agency Name] share some of your confidential information with another agency or person, an advocate at [Program/Agency Name] is responsible for discussing with you all alternatives, and, any potential implications that could result from sharing your confidential information. If, after fully considering risks and benefits, you decide you want [Program/Agency Name] to release some of your confidential information, you can use this form to choose what is shared, how it's shared, with whom, and for how

I understand that [Program/Agency Name] has an obligation to keep my personal information, identifying information, and my records confidential. I also understand that I can choose to allow [Program/Agency Name] to release some of my personal information to certain individuals or agencies.

I, _____ (name), authorize [Program/Agency Name] to share the following specific information with:

Who I want to have my information:	Name: Specific Office at Agency: Address: Phone Number:
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The information may be shared: by phone by fax by mail by e-mail in person
* I understand that electronic mail (e-mail) is not confidential and can be intercepted and read by other people.

What info. about me will be shared:	(List as specifically as possible, for example: name, dates of service, any documents).
Why I want my info. shared: (purpose)	(List as specifically as possible, for example: to receive benefits).

I understand:

- “ That I do not have to sign a release form. I do not have to allow [Program/Agency Name] to share my information. Signing a release form is completely voluntary.
- “ That releasing information about me could give another agency or person information about my location and would confirm that I have been receiving services from [Program/Agency Name].
- “ The risks and benefits of releasing the confidential information to the above agency or person.
- “ That a limited release of information can potentially open up access by others to all of my confidential information held by [Program/Agency Name].
- “ The specific information that I want to be released (for example: written records, notes about what I have said) and how it will be shared (by phone, fax, mail, etc.) I understand that e-mail is not confidential.
- “ That this release is limited to what I write above. If I would like [Program/Agency Name] to release information about me in the future, I will need to sign another written, time-limited release.
- “ That [Program/Agency Name] and I may not be able to control what happens to my information once it has been released to _____, and that the agency or person getting my information may be required by law or practice to share it with others.

This release is valid for a period of: _____ minutes _____ hours OR _____ days (not to exceed 15 days).

If additional time is necessary to meet the purpose of this release, I will need to sign a new release form or choose to extend this same release form, by signing this same form again and adding a new expiration date.

RELEASE EXPIRES:	
_____	_____
Date	Time

I understand that this release is valid when I sign it, and that I may withdraw my consent to this release at any time either verbally or in writing.

Signed: _____ **Date & Time:** _____ **Witness:** _____