

## RELEASE OF INFORMATION AUTHORIZATION

**READ FIRST:** Before you decide to let \_\_\_\_\_ receive and/or share some of your confidential information with another agency or person, an employee at \_\_\_\_\_ will discuss with you all alternatives and any potential risks and benefits that could result from sharing your confidential information. If you decide you want \_\_\_\_\_ to release and/or receive some of your confidential information, you can use this form to choose what is shared, how it is shared, and with whom.

I understand that \_\_\_\_\_ has an obligation to keep my personal information, identifying information, and my records confidential. I also understand that I can choose to allow \_\_\_\_\_ to release and/or receive some of my personal information to certain individuals or agencies.

I, \_\_\_\_\_, authorize \_\_\_\_\_ to share the following specific information with:

|   |  |
|---|--|
| <b>Who I want to have my information:</b> | Name:<br>Specific Office at Agency:<br>Phone Number: |
|---|--|

The information may be shared: ☐ in person ☐ by phone ☐ by fax ☐ by mail ☐ by e-mail

*I understand that electronic mail (e-mail) is not confidential and can be intercepted and read by other people.*

|   |  |
|---|--|
| <b>What info about me will be shared:</b>   |  |
| <b>Why I want my info shared: (purpose)</b> |  |

Please Note: There is a risk that a limited release of information can potentially open up access by others to all of your confidential information held by \_\_\_\_\_.

### I understand:

1. That I do not have to sign a release form. I do not have to allow \_\_\_\_\_ to share my information. Signing a release form is completely voluntary. This release form is limited to what I write above. If I would like \_\_\_\_\_ to release and/or receive information about me in the future, I will need to sign another written, time-limited release.
2. 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 \_\_\_\_\_.
3. That \_\_\_\_\_, and I may not be able to control what happens to my information once it has been released to the above person or agency, and that the agency or person getting my information may be required by law or practice to share it with others.

This release expires on \_\_\_\_\_  
Date Time

*Expiration should meet the needs of the person, which is typically no more than 15-30 days, but may be shorter or longer.*

I understand that this release is valid when I sign it and that I may withdraw my consent to this release at any time by signing the revoke statement below.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Time: \_\_\_\_\_

I hereby revoke the above authorization of release of information that I signed on \_\_\_\_\_.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Time: \_\_\_\_\_