

Release of Confidential Information

We will not release any information about you without your permission, unless a legal exception exists, as explained on the Notice of Your Right to Confidentiality form. You do not have to give permission or sign a release of confidential information in order to receive services. It is completely your decision. You can withdraw your permission (in writing or orally) at any time. If you sign a release of information, you do not give up your right to have any of this information protected under other laws or rules.

I, _____, authorize this program to release the following information:
(Printed name of Program Participant)

to: _____ and/or _____
(Name of agency) (Name of staff person)

I understand that I can revoke my permission to release confidential information at any time. This release of information is good until _____.
(Expiration Date)

**** If no date is entered, the release will automatically expire in 90 days. ****

I understand this consent form does not release medical, HIV/AIDS related information, or Alcohol/Drug related information unless I have specifically stated so above.

Participant Signature

Date

Staff Signature

Date

FOR REVOCATION OF CONSENT ONLY

Release revoked on this date: _____

Signature of Participant: _____

Signature of Staff: _____