

Authorization to Release Information

I, _____, have discussed with [Agency] why I want information released and the privacy risks with it being shared. I **give [Agency] permission to release the following information:**

Who my information may be shared with:	Name: Title or agency: Contact information:
What information may be shared:	

The information may be shared: in person by phone by email by mail by fax

I understand that:

_____ I may receive services from [Agency] even if I don't release this information.

_____ Releasing this information could reveal my location.

_____ By releasing this information, some or all of it may no longer be privileged. Both "privilege" and "waiver" have been explained to me.

_____ This release is limited to the above information. If I want [Agency] to share additional information about me, I will sign another release.

_____ I may cancel this release at any time, verbally or in writing.

This release is valid for ____ [time period] ____ after signature or until: _____ [date].

Client signature: _____ Date: _____

Parent/Guardian signature (if required): _____ Date: _____

_____ I extend this release of information. The release now expires: _____.	
Signature(s): _____	Date: _____

