

Appendix Q

Sample Release of Information Form

Created for adaptation by Julie Kunce Field, JD and NNEDV
[Insert appropriate agency letterhead here.]

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] 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 [Program/Agency Name] to release some of your confidential information, you can use this form to choose what is shared, how it is shared, with whom, and for how long.

I understand that [Program/Agency Name] has an obligation to keep my personal information, identifying information, and 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, _____, authorize [Program/Agency Name] to share the following specific information with:
Name

Whom I want to have my information:	Name: Specific Office or Agency: Phone Number:
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The information may be shared: in person by phone by fax by mail by e-mail

What info about me will be shared:	<i>(List as specifically as possible, for example: name, dates of service, or any documents.)</i>
What info about me that I do NOT want shared (restrictions):	<i>(List as specifically as possible, for example: types of services or contact information.)</i>
Why I want my info shared (purpose):	<i>(List as specifically as possible, for example: to receive benefits.)</i>

I understand:

- That I do not have to sign a release form or allow [Program/Agency Name] to share my information. Signing a release form is completely voluntary. 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 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].
- That [Program/Agency Name] 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. Furthermore, there is a risk that a limited time release of information can potentially open up access by others to all of my confidential information held by [Program/Agency Name].
- That some methods of information-sharing (e.g., fax or e-mail) may be intercepted by other people.

This release expires on _____ at _____.
Date Time

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

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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 orally or in writing.

Date: _____

Signed: _____

Time: _____

Witness: _____

Reaffirmation and Extension (if additional time is necessary to meet the purpose of this release)

I confirm that this release is still valid, and I would like to extend the release until _____ at _____.
New Date New Time

Signed: _____

Date: _____

Witness: _____