Authorization to Release/Obtain Confidential Information

Name of Client: _____   **Client Birth Date:** _____ / _____ / _____

I hereby agree that U.S. Veterans Initiative may:

Release _____ (client initials) **Obtain** _____ (client initials) information about me to/from the following organization(s) or individuals:

FROM/TO: _____   **Phone:** _____
_____   **Fax:** _____
_____

Purpose for information: ☐ Housing Stability   ☐ Treatment Planning   ☐ Employment Stability
☐ Other: _____

Specific Information Requested: _____

The formats in which this information may be shared include: ☐ Written ☐ Verbal ☐ Phone ☐ Email ☐ Fax

Benefits: Assist in treatment planning, service coordination and delivery.
Risks: Confidential information may be shared. Sexual, physical abuse and/or neglect, and/or threats of serious harm to self or to others will be reported as required by law. Confidentiality can be superseded by Court Order.
Alternatives: Not to release information.

The information includes:
Substance use information: ☐ Yes ☐ No ☐ Not Applicable (client initials) _____
HIV/AIDS information: ☐ Yes ☐ No ☐ Not Applicable (client initials) _____
If either of the above information is to be obtained, specific benefits, risks, and alternatives need to be addressed.

For the person providing consent:
This consent has been made freely, voluntarily and without coercion.
I was able to ask questions and receive answers about this release.
I hereby authorize releasing/obtaining the information as specified above and further understand that: Those who receive this information cannot disclose it to others without my further consent, unless permitted by Federal or State law.
I also understand that I may revoke this consent at any time in writing.

 Consent expires on this date (check one): ☐ One year from signing ☐ Other date: _____
(Consent cannot be of greater length than 1 year)

Printed Name of Client Providing Consent:

Signature of Client Providing Consent:		Date:
Signature of Staff/Agency Witness: *Dylan J. Streets*	Title of Person:	Date:

This consent is withdrawn effective ___ / ____ / _____   **Withdrawal requested:** ☐ **Verbally** ☐ **In writing**

Signature of Client: _____