

Model Limited Release of Information Form

[APPROPRIATE AGENCY LETTERHEAD]

READ FIRST! Before you decide whether to let [Program/Agency Name] share some of your confidential information with another agency or person, an advocate at [Program/Agency Name] is responsible for discussing with you all alternatives and any potential implications that could result from sharing your confidential information. If, after fully considering the risks and benefits, you decide you want [Program/Agency Name] to release some of your confidential information, use this form to choose what is shared, how it's 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, [Name], authorize [Program/Agency Name] to share the following specific information:

Whom I want to have my information:	Name: Specific Office at Agency: Address: Phone Number:
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The information may be shared:

- by phone by fax by mail by e-mail* in person

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

What information about me may be shared:	<i>(List as specifically as possible. For example, name, dates of service, any documents.)</i>
Why I want my information shared:	<i>(List as specifically as possible. For example, to receive benefits.)</i>

I understand:

- That I do not have to sign a release form. I do not have to allow [Program/Agency Name] to share my information. Signing a release form is completely voluntary.
- 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].

- The risks and benefits of releasing the confidential information to the above agency or person.
- That a limited release of information can potentially open up access by others to all of my confidential information held by [Program/Agency Name].
- The specific information that I want to be released (for example, written records, notes about what I have said) and how it will be shared (by phone, fax, mail, etc.). I understand that e-mail is not confidential.
- That this release is limited to what I have written 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 [Program/Agency Name] and I may not be able to control what happens to my information once it has been released to [Recipient Name], and that the agency or person receiving my information may be required by law or practice to share it with others.

This release is valid for a period of: ____ minutes, ____ hours OR ____ days (not to exceed 15 days).

If additional time is necessary to meet the purpose of this release, I will need to sign a new release form or choose to extend this same release form by signing this same form again and adding a new expiration date.

RELEASE EXPIRES:	
_____	_____
Date	Time

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 verbally or in writing.

Signed: _____ **Date & Time:** _____

Witness: _____ **Date & Time:** _____