

**AUTHORIZATION FOR RELEASE,  
DISCLOSURE AND EXCHANGE OF INFORMATION**

Name of Participant:

DOB:

Address (city/state/zip):

Phone:

Name of Parent/Legal Guardian (if participant is under 18 years old):

**I hereby request, consent to and authorize the mutual disclosure and exchange of information and records concerning the above-named participant by and between the organizations below:**

Agency/Program Name: _____	Agency/Program Name: _____
Agency/Program Name: _____	Agency/Program Name: _____
Agency/Program Name: _____	Agency/Program Name: _____
Agency/Program Name: _____	Agency/Program Name: _____

**The purpose for the disclosure and exchange of information is at my request and to facilitate the delivery of services, including service and care coordination and case management.**

**THE INFORMATION THAT I HEREBY AUTHORIZE FOR RELEASE AND EXCHANGE IS AS FOLLOWS (Please place your initials next to the types of information that you ARE AUTHORIZING for release / exchange):**

- |   |                                      |                                       |
|---|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Medical  | <input type="checkbox"/> Education   | <input type="checkbox"/> Drug/Alcohol |
| <input type="checkbox"/> Mental Health                                    | <input type="checkbox"/> HIV-Related | <input type="checkbox"/> Housing      |
| <input type="checkbox"/> Limited Release (for Legal Services use only)[1] |                                      | <input type="checkbox"/> Other:       |

*[1]Due to the confidentiality regulations for some agencies such as legal services providers operating under specific rules of confidentiality and privilege, it may be recommended by the referring agency that the participant only give a limited release. This limited release means that the referring agency will only share basic information about the participant and the type of issue for which the participant seeks referrals. The participant can then choose to share more information, or sign an unlimited release after they become a client with the new agency.*

