

Sample Release of Information (Insert Agency Letterhead Here)

READ FIRST:

If you decide you want (INSERT AGENCY NAME HERE) to release some of your confidential information, you can use this form to document what is shared, how it is shared, with whom it is shared, and for how long it is shared.

An advocate at (INSERT AGENCY NAME HERE) will discuss with you all alternatives to this Release, as well as any potential risks and benefits that could result from sharing your confidential information.

I understand that _____ has an obligation to keep confidential our conversations, my records, and my personal and identifying information. I also understand that I can choose to allow _____ to share this information with specific people or agencies, and to request information from them on my behalf.

I, _____, give _____ permission to:

- give the following information *or* to get information from the following:

Who I want my information to be shared with:	Name: Title or Agency & Contact Information:
What information will be shared:	

The information may be shared:

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

**I understand that electronic mail is not confidential and can be intercepted and read by other people*

For the purposes of:

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Title IX Investigation | <input type="checkbox"/> Facilitation of Academic Accommodation | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Housing Accommodation | <input type="checkbox"/> No Contact / Stay Away Order | _____ |
| <input type="checkbox"/> Referral | | _____ |
| | | _____ |

I understand that (initial the following):

_____ I do not have to sign a release form. It is my choice to allow (INSERT ADVOCATE AGENCY NAME) to share my information or request information on my behalf.

_____ Releasing or requesting information could give another person or agency information about my location because they will know that (INSERT ADVOCATE AGENCY NAME) is assisting me and where its offices are located. I also understand that as information is shared the possibility of privacy breaches increase too.

_____ By signing a release of information, it is possible that some or all of my information will no longer be considered 'privileged.' I understand, though, that advocate privilege is not waived if disclosure is reasonably necessary to accomplish the purpose for which I have consulted the advocate. Both 'privilege' and 'waiver' have been explained to me.

_____ This release is limited to what I have written above. If I want (INSERT ADVOCATE AGENCY NAME) to give or get additional information about me or my case, I will need to sign another time-limited release.

_____ (INSERT ADVOCATE AGENCY NAME) and I may not be able to control what happens to my information once it has been released. The person or agency getting my information may be required by law to share it with others.

This release is valid for a period of _____ days* after signature.

**this should be time limited only for the duration of time needed to provide services*

I will need to sign the extension of release of information at the bottom of this page, if additional time is needed to meet the purpose of this release of information form.

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.

Client signature: _____

Date: _____

Advocate: _____

Date: _____

Extension of release of information (if additional time is needed to meet the purpose of this release of information)

I confirm that this release is still valid, and I would like to extend the release until: _____
(new date/time)

Signed: _____ Date: _____

Advocate: _____ Date: _____