



## Client Release of Information Form

I understand that Open Heart Advocates (OHA) has an obligation to keep my personal information, identifying information and my records confidential. I also understand that I can choose to allow to release some of my personal information to certain individuals or agencies.

I, \_\_\_\_\_ (client's name) authorize OHA to share the following specific information with:

|   |   |
|---|---|
| <b>Who</b> I want to have my information: | Name _____<br>Specific Office / Agency _____<br>Phone Number: _____ |
|   |   |

The information may be shared  In Person  By Phone  By Fax  By Mail  By Email

|   |   |
|---|---|
| <b>What</b> info about me will be shared:   | <i>List as specifically as possible. For example: name, dates of service and any documents.</i> |
| <b>Why</b> I want my info shared: (purpose) | <i>List Specifically as possible. (For example: to receive benefits.)</i>                       |

Please Note: There is a risk that a limited release of information can potentially open up access by other to all of your confidential information held by OHA. (See paragraphs below.)

**I understand:**

That I do not have to sign a release form. I do not have to allow OHA to share my information. Signing a release form is completely voluntary. That this release is limited to what I wrote above. If I would like OHA to release information about me in the future I will need to sign another Release of information form.

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 OHA.

That OHA 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.

**This release expires on Date \_\_\_\_\_ Time \_\_\_\_\_** *Expirations should meet the needs of the victim, which is typically no more than 15-30 days, but may be shorter or longer.*

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.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Advocates- Crisis Support Staff / Volunteer Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ 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 New Date: \_\_\_\_\_ New Time \_\_\_\_\_

Signed: \_\_\_\_\_ Date \_\_\_\_\_ Witness \_\_\_\_\_ Date \_\_\_\_\_