

Sample Release of Information Form:

I _____, give permission for _____ to share and exchange information with other staff at _____ for the purpose of providing assistance to me. This may include sharing information about a disability. _____
(initial)

I, _____, give permission to _____ to share information with the following service agencies for the purpose of providing assistance to me. This may include sharing information about a disability (agencies may include DHS, mental health, Corrections, etc.): _____ (initial)

List names of agencies below:

None of this information will be shared with other residents.

The only time _____ staff would share information without my permission is when there is:

- Evidence of child or elder abuse or neglect
- A resident presenting a danger to themselves or others
- A court order requires disclosing the information

I understand that my consent is valid as long as I am living at _____ and during any related follow up.

I also understand that I can revoke this consent at any time.

(Note: If this occurs, they could write it at the bottom of the form with the date.)

I confirm that _____ has explained the purpose of this form to me and I understand its content. My signature below indicates my consent.

Signature _____

Date _____