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 ________________________________