

Universal Interagency Release Form

AUTHORIZATION TO DISCLOSE/RELEASE INFORMATION

FROM: _____ TO: _____
 (Name of person and agency releasing information) (Name of person and agency receiving information)

 (Address) (Address)

I (we), the undersigned, do hereby authorize the above-named persons, educational institutions, firms, physicians, clinics, hospitals or agency(ies) to release and/or receive the following confidential information (as specific as possible):

The above information is released for the following purpose and that purpose only. Any other use is forbidden.

I understand that my records are protected by state and federal law, and cannot be disclosed or redisclosed without my written consent unless otherwise provided for by law. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance hereon, and that unless sooner revoked, this consent will expire on (date, event or condition):

I want the agency listed above to accept a copy of this form as a valid consent to share information on an as needed, if needed basis to assist with service coordination and treatment planning. If I do not sign this form, information will not be shared and I will have to contact the agency personally to give them information about me that they need.

I hereby release any person, educational institution, firm, physician, clinic, hospital, or agency from any liability for information furnished pursuant to this authorization.

Print/Type Client Name: _____

Complete Address: _____

SSN: _____ Date of Birth: _____

Telephone #: _____ DCN #: _____

Signature (client): _____ Today's Date: _____

Maiden name or alias: _____

Signature: _____ Today's Date: _____

(circle one: spouse, parent, guardian, or witness, if applicable)

Prohibition on redisclosure: This information has been disclosed to you from records whose confidentiality is protected by federal law. Federal regulations when applicable (42 CFR Part 2) prohibit you from making any further disclosure of this information except with the specific written consent of the person to whom it pertains. A general authorization for the release of medical or other information if held by another party is not sufficient for this purpose. Federal regulations state that any person who violates any provision of this law shall be fined not more than \$500.00 in the case of a first offense, and not more than \$5,000.00 in the case of each subsequent offense.