

## **Denton County Friends of the Family**

## **Authorization and Consent for the Release of Information - CASA**

**READ FIRST:** Before you decide whether or not to let Denton County Friends of the Family (DCFOF) share some of your confidential information with another agency or person, a worker at DCFOF can discuss with you all options and any potential risks and benefits that could result from sharing your confidential information. If you decide you want DCFOF to release some of your confidential information, you can use this form to choose what is shared, how it is shared, with whom, and for how long. You may also choose to revoke this release at any time.

I understand that DCFOF has an obligation to keep my personal information, identifying information, and my records confidential.\* I also understand that I can choose to allow DCFOF to release some of my personal information to certain individuals or agencies. (your name), authorize DCFOF to share the following specific information with CASA. Case Worker: Phone: Email: \_\_\_\_\_ The information may be shared:  $\Box$  in person  $\Box$  by phone  $\Box$  by fax  $\Box$  by mail  $\Box$  by email ☐ I understand that electronic mail (email) is not confidential and can be intercepted and read by other people. What info about □ Progress □ Participation ☐ Attendance ☐ Treatment Goals me will be shared: ☐ Recommended or Appropriate Services ☐ Other: (be specific) (for example: to receive benefits, to verify attendance, to assist in my legal case) Why I want my info shared (purpose): Please note: there is a risk that a release of information can potentially open up access by others to your confidential information held by DCFOF. I understand: ☐ That I do not have to sign a release form. I do not have to allow DCFOF to share my information. Signing a release form is completely voluntary and that this release is limited to what I write above. If I would like DCFOF to release information about me in the future, I will need to sign another written, time-limited release. ☐ 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 DCFOF. ☐ That DCFOF 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. ☐ If I am signing as a parent or guardian of a minor, I understand that records released may contain references to myself and my family. \_(Not to exceed 90 days!), or upon termination of services/ exiting the shelter. This release expires on: \_\_\_ Date Date Signed Signature of Witness Date Signed Signature of Client

\*DCFOF maintains client confidentiality with the exception of circumstances in which workers are legally required or allowed to break confidentiality.