CONSENT TO EXCHANGE INFORMATION

I understand that different agencies provide different services and benefits. Each agency must have specific information in order to provide services and benefits. By signing this form, I am allowing agencies to exchange information so it will be easier for them to work together effectively to provide or coordinate these services or benefits.

I, _____, am signing this form for _____
(Full printed name of consenting person(s)) (Full printed name of client)

_____ _____ _____
(Client's address) (Client's Birth Date) (Client's SSN optional)

My relationship to the client is: □ Self □ Parent □ Power of Attorney □ Guardian □ Other Legally Authorized Representative

I want the following confidential information about the client (except drug or alcohol abuse diagnoses or treatment information) to be exchanged:

Yes	No		Yes	No		Yes	No	
		Assessment Information			Medical Diagnosis			Educational records
		Financial Information			Mental Health Diagnosis			Psychiatric Records
		Benefits/Services Needed, Planned, and/or Received			Medical Records			
		Criminal Justice Records			Psychological Records			Employment Records

I want:

_____

_____

(Name and Address of referring agency and staff contact person)

And the following other agencies to be able to exchange this information:

Are more agencies listed on the back? □Yes □No

I want this information to be exchanged ONLY for the following purpose(s):
□ Service Coordination and Treatment Planning □ Eligibility Determination

Other (write in): _____

I want information to be shared: (check all that apply)
□ Written information □ In meetings or By phone □ Computerized Data
This consent is good until: _____
I can withdraw this consent at any time by telling the referring agency. This will stop the listed agencies from sharing information after they know my consent has been withdrawn. I have the right to know what information about me has been shared, and why, when, and with whom it was shared. If I ask, each agency will show me this information.
I want all the agencies to accept a copy of this form as a valid consent to share information.
If I do not sign this form, information will not be shared and I will have to contact each agency individually to give them information about me that they need.

Signature(s) _____
Date: _____
Person Explaining Form : _____
(Name) (Title) (Phone Number)
Witness (If Required): _____
(Signature) (Address) (Phone Number)