

**CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION**

NAME: Click here to enter client name BIRTHDATE: Click here to enter birthdate

THIS CONSENT AUTHORIZES THOMAS ALLEN TO:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> OBTAIN FROM  | <input type="checkbox"/> RELEASE TO  | <input type="checkbox"/> DISCUSS WITH  | <input type="checkbox"/> EXCHANGE WITH |
| <u>Click here to enter information.</u><br>(case manager, company/county)             | <u>Click here to enter information.</u><br>(physician and clinic)              | <u>Click here to enter information.</u><br>(dentist/clinic)                    |  |
| <u>Click here to enter information.</u><br>(CRS county licenser)                      | <u>Click here to enter information.</u><br>(hospital)                          | <u>Click here to enter information.</u><br>(bank)                              |  |
| <u>Click here to enter information.</u><br>(psychologist/clinic)                      | <u>Click here to enter information.</u><br>(psychiatrist/clinic)               | <u>Click here to enter information.</u><br>(medical supply company)            |  |
| <u>Click here to enter information.</u><br>(day program/work site)                    | <u>Click here to enter information.</u><br>(pharmacy)                          | <u>Click here to enter information.</u><br>(transportation company)            |  |
| <u>Click here to enter information.</u><br>(leisure/recreation agency, if applicable) | <u>Click here to enter information.</u><br>Click here to enter company/person. | <u>Click here to enter information.</u><br>Click here to enter company/person. |  |
| <u>Click here to enter information.</u><br>Click here to enter company/person.        | <u>Click here to enter information.</u><br>Click here to enter company/person. | <u>Click here to enter information.</u><br>Click here to enter company/person. |  |

THE FOLLOWING INFORMATION:

- |  |  |
|--|--|
| <input type="checkbox"/> GENERAL RELEASE (not for ICF/ID)              | <input type="checkbox"/> MEDICAL RECORDS, HISTORIES                    |
| <input type="checkbox"/> FINANCIAL DATA, RECORDS                       | <input type="checkbox"/> SOCIAL, DEVELOPMENTAL HISTORIES               |
| <input type="checkbox"/> RESIDENTIAL/DAY PROGRAM RECORDS               | <input type="checkbox"/> MISC. SOCIAL SERVICE RECORDS                  |
| <input type="checkbox"/> OTHER <u>Click here to enter information.</u> | <input type="checkbox"/> OTHER <u>Click here to enter information.</u> |

THE PURPOSE FOR DISCLOSURE IS:

- |  |  |
|--|--|
| <input type="checkbox"/> Residential Program Development, Ongoing Services | <input type="checkbox"/> Residential Program Assessment, Referral      |
| <input type="checkbox"/> OTHER <u>Click here to enter information.</u>     | <input type="checkbox"/> OTHER <u>Click here to enter information.</u> |

By signing below, I understand:

- Why I am being asked to release this information
- I am not required to consent to the release of this information, but not doing so may affect Thomas Allen’s ability to provide needed services to me
- If I do not consent, the information will not be released unless the law otherwise allows it
- I may stop this consent with a written notice at any time, but it will not affect information that has already been released
- The person or agency who gets my information may be able to pass it on to others, which is no longer protected by this authorization

This consent will end one year from the date I sign it, unless the law allows for a longer period.

INDIVIDUAL SERVED / GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

PERSON EXPLAINING CONSENT: \_\_\_\_\_ DATE: \_\_\_\_\_

Date of 1<sup>st</sup> attempt to obtain signature: \_\_\_\_\_ Date of 2<sup>nd</sup> attempt to obtain signature: \_\_\_\_\_

If individual served is their own guardian, the person who explains the contents of the consent for release of information must sign also. Only a legal guardian or parent, if individual is a minor, may give consent for a person who is not their own guardian. Documentation showing legal guardianship must be presented and a copy made available to Thomas Allen. The individual served and person explaining consent do not need to sign if a legal guardian signs this consent.