



Phoenix Project Consent to Release Information Form

READ FIRST: Before you decide whether or not to let Phoenix Project share some of your confidential information with another agency or person, an advocate at Phoenix Project will discuss with you all alternatives and any potential risks and benefits that could result from sharing your confidential information. If you decide you want Phoenix Project to release some of your confidential information, you can use this form to choose what is shared, how it's shared, with whom, and for how long. I understand that Phoenix Project has an obligation to keep my personal information, identifying information, and my records confidential. I also understand that I can choose to allow Phoenix Project to release some of my personal information to certain individuals or agencies.

I, _____, authorize Phoenix Project to share the following specific information with:

Who I want to have my information:	Name: School: Phone Number:
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The information may be shared:

- In person
- By phone
- By mail
- By e-mail - *I understand that electronic mail (e-mail) is NOT confidential and can be intercepted and read by other people.*

What info about me will be shared:	List as specifically as possible, for example: Name, dates of service, any documents
Why I want my info shared:	Purpose should be as specific as possible, for example: to receive benefits <i>Suggested response: For my child to receive supportive counseling during the school day.</i>

I Understand:

- That I do not have to sign this release form. I do not have to allow Phoenix Project to share my information. Signing a release form is completely voluntary. This release is limited to what I write above. If I would like Phoenix Project to release information about me in the future, I will need 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 Phoenix Project.



- That Phoenix Project 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 the agency or person getting my information may be required by law or practice to share it with others.
- That there is a risk that a limited release of information can potentially open up access by others to all of your confidential information held by Phoenix Project.

This release expires on: DATE: _____ Time: _____

I understand that this release is valid when I sign it and that I may withdraw my consent to this release at any time either orally or in writing.

Client Signature

Date

Non-Offending Parent/Guardian Signature
(if client is under 18)

Date

Staff Signature

Date

Reaffirmation and Extension (if additional time is necessary to meet the purpose of this release)
I confirm that this release is still valid, and I would like to extend this release until:

New Date: _____

New Time: _____

Client Signature

Date

Non-Offending Parent/Guardian Signature
(if client is under 18)

Date

Staff Signature

Date