
Informed Consent to Share and Disclose Personal Information

I request and consent to the release by _____
[Entity making referral]
of all requested records, including but not limited to personal and health information and any other
information concerning me which I have provided to _____
[entity making referral]
to the following entities for the purpose of making referrals for services:

I understand that these records are being released for the purposes of making a referral to
_____ and to help in providing me services.
[name of entity receiving referral]
_____ may access and use these records for purposes related to
[name of entity receiving referral]
the provision of services, but will make no further disclosures without my further informed consent.

I acknowledge that informed consent has been explained to me and that I understand the
information to be released, the need for the information and that there are laws and regulations
protecting the confidentiality of authorized information.

I understand that signing this authorization is voluntary, and that refusal to allow disclosures will
have no effect on my eligibility to receive services. I have the right to revoke this authorization at
any time, except to the extent that action has already been taken based upon this authorization,
by writing to _____
[name of entity].
and the provider of information and records named above.

I authorize use of a fax or scanned copy of this consent for release or disclosure of requested
information and records.

Signature

Date

Print