



### Release of Information Authorization

I, \_\_\_\_\_ authorize Interfaith Works to:

*(Check all the apply)*

- Exchange information with  Disclose to  Receive from

<b>Name of Outside Organization:</b>	
<b>Address:</b>	
<b>Phone:</b>	
<b>Email:</b>	

I understand my records may contain protected information regarding the testing, diagnosis and/or treatment for mental health or psychiatric treatment, HIV (AIDS virus), or other sexually transmitted diseases, drug and alcohol.

I understand that any disclosure made is bound by Part 2 of Title 42 of the code of federal Regulations governing confidentiality of Alcohol and Drug Abuse client records and that recipients of this information may re-disclose it only in connection with their official duties.

I understand that my records are protected under Washington State Law and cannot be disclosed without my written consent unless otherwise provided for by law. (RCW 70.05 &RCW71.05)

**Type of Information to be disclosed:**

<input type="checkbox"/> All records	
<input type="checkbox"/> Alcohol/Drug Eval/Records	<input type="checkbox"/> Housing & Homelessness History <input type="checkbox"/> Termination Summary
<input type="checkbox"/> Intake	<input type="checkbox"/> Medications <input type="checkbox"/> Progress Notes
<input type="checkbox"/> Mental Health Conditions	<input type="checkbox"/> Legal History/Information <input type="checkbox"/> Medical Information

**Specific Information not to be disclosed:**

Updated 9/28/21



**Information to be released is concerning:**

- Myself
- Family Member/ Spouse

**Purpose for Release:**

- Coordination of Care  Disability Determination
- Facilitate Treatment Planning  Condition of Court Order/Parole
- Medical Planning  Efforts to Secure Housing
- Employment
- Other:

This authorization expires on \_\_\_\_\_, or in one year, whichever date is sooner. (RCW 70.02.02.030(7)). I understand that I may revoke this consent in writing at any time except for information previously released in reliance on this consent. A copy or fax of this shall be considered valid in lieu of the original.

**Guest Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Staff Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Contact Info:** \_\_\_\_\_