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 certain 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 _____
Consenting person (print) *(Full Printed Name of Client)*

_____
(Client's Address) *(Client's Date of Birth)* *(Client's Social Security Number - Optional)*

My relationship to the client is: ☐ Self ☐ Power of Attorney ☐ Guardian ☐ Legally Authorized Rep.

I want the following confidential information about the client (except drug or alcohol abuse diagnoses or treatment information) to be exchanged:
Please check *yes or no*:

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

Other information (specify): _____

I want *Clark Quality Care* to:

And the following person(s) / agency to be able to exchange this information:

Name of Agency or Individual: _____
Address: _____

I want this information to be exchanged **ONLY** for the following purpose(s):
Service Coordination and Treatment Planning ☐ Eligibility Determination
Other: _____
I want this information to be shared: *(check all that apply)*
☐ Written Information ☐ In Meetings or by Phone ☐ Computerized Data

This consent is good until: _____ (Automatically expires one year from date signed)

I can withdraw this consent at any time by telling the referring agency. This will stop the listed agency/individuals from sharing information after they know my consent has been withdrawn.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.
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: _____ Date: _____
(Consenting Person)

Person Explaining Form: _____
(Name) *(Title)* *(Phone Number)*

---FOR AGENCY USE ONLY---

CONSENT HAS BEEN:
☐ Revoked in entirety
☐ Partially revoked as follows: _____

NOTIFICATION THAT CONSENT WAS REVOKED WAS BY: ☐ Letter (Attach Copy) ☐ Telephone ☐ In Person
DATE REQUEST RECEIVED: _____ **RECEIVIED BY (Name):** _____