



## Consent for Release of Information

I, \_\_\_\_\_, hereby give consent to:

\_\_\_\_\_  
(Provider of Information)

\_\_\_\_\_  
(Address)

To release information \_\_\_\_\_(initials) or receive information \_\_\_\_\_(initials) regarding:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Date of Birth)

To/from: **Safe Families for Children** Address: \_\_\_\_\_

### Type of Information Requested (please explain):

Medical: \_\_\_\_\_  Yes Initial \_\_\_\_\_  No Initial \_\_\_\_\_

Mental Health: \_\_\_\_\_  Yes Initial \_\_\_\_\_  No Initial \_\_\_\_\_

Education: \_\_\_\_\_  Yes Initial \_\_\_\_\_  No Initial \_\_\_\_\_

Financial: \_\_\_\_\_  Yes Initial \_\_\_\_\_  No Initial \_\_\_\_\_

Other: \_\_\_\_\_  Yes Initial \_\_\_\_\_  No Initial \_\_\_\_\_

I understand I may revoke this consent at any time by notifying the Provider of Information listed above. Revocation will be effective except to the extent that action has been taken in reliance on this consent. I also understand that, even if I do not revoke this consent, the consent will expire six months from the date provided unless an earlier date is specified.

\_\_\_\_\_  
(Signature of parent or guardian)

\_\_\_\_\_  
(Date)

**Redisclosure consent:** The information to be disclosed is confidential and is provided only to the party specified in the above consent. The receiving party cannot disclose any information with an exception for court reporting.

I, \_\_\_\_\_

Hereby consent redisclosure to: \_\_\_\_\_

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Date)