

CONSENT FOR DISCLOSURE OF CONFIDENTIAL INFORMATION

I _____, born _____ hereby authorize Families Against Abuse, and staff thereof, to release to, or obtain from

Department of Children and Families

any and all information which they possess relating to my examinations and illnesses including psychiatric and/or psychological information which may be a part of the medical record. This information is released, or requested, for the purpose of the treatment process and case management.

This release of confidential information will automatically expire one year from the date of signature.

Client Signature _____ **Date** _____

Witness (FAA Staff) _____

←.....→
I _____, born _____ hereby authorize Families Against Abuse, and staff thereof, to release to, or obtain from

Probation Office: _____

any and all information which they possess relating to my examinations and illnesses including psychiatric and/or psychological information which may be a part of the medical record. This information is released, or requested, for the purpose of the treatment process and case management.

This release of confidential information will automatically expire one year from the date of signature.

Client Signature _____ **Date** _____

Witness (FAA Staff) _____

←.....→
I _____, born _____ hereby authorize Families Against Abuse, and staff thereof, to release to, or obtain from

Honorable Judge: _____

any and all information which they possess relating to my examinations and illnesses including psychiatric and/or psychological information which may be a part of the medical record. This information is released, or requested, for the purpose of the treatment process and case management.

This release of confidential information will automatically expire one year from the date of signature.

Client Signature _____ **Date** _____

Witness (FAA Staff) _____

I understand that according to state and federal law I may revoke this release of information at any time, providing I notify Families Against Abuse, in writing to this effect, but that revocation has no effect on actions previously taken. I understand that when we have cause to suspect child abuse or abuse of the elderly or disabled, this is an exception to confidentiality mandated by law.

If we have reason to believe that you pose a threat to another person or yourself, this is an exception to confidentiality, as mandated by law.