



### Collaborative Change Release of Information

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**READ FIRST:** Before you decide whether or not to allow Collaborative Change to share some of your confidential information with another agency or person, Collaborative Change will discuss with you all alternatives and any potential risks and benefits that could result from sharing your confidential information. If you decide you want Collaborative Change to release some of your confidential information, you can use this form to choose what is shared, how it's shared, with whom, and for how long.

I understand that Collaborative Change has an obligation to keep my personal information, identifying information, and my records confidential. I also understand that I can choose to allow Collaborative Change to release some of my personal information to certain individuals or agencies.

I, \_\_\_\_\_, authorize Collaborative Change to share the following specific information with:  
Name

Who I want to have my information:	Name:
	Agency:
	Phone Number:

The information may be shared:  in person  by phone  by fax  by mail  by electronic correspondence  
 I understand that electronic correspondence (i.e. text, email, etc) is not confidential and can be intercepted and read by other people.

What information may be shared:  Entire Record  Initial Assessment  Diagnoses  Psychotherapy notes  
 Attendance to Sessions  Treatment Plan  Treatment Summary  Discharge Summary  Monthly Reports  
 Other: \_\_\_\_\_

Purpose for the release of information:  Continuity of Care  At the Request of Patient/Guardian  
 Other: \_\_\_\_\_

Please Note: there is a risk that a limited release of information can potentially open up access by others to all of your confidential information held by Collaborative Change

I understand:

- That I do not have to sign a release form. I do not have to allow Collaborative Change to share my information. Signing a release form is completely voluntary. That this release is limited to what I write above. If I would like Collaborative Change to release information about me in the future, I will need to sign another written, time-limited release.
- That releasing information about me could give another agency or person information about my location and would confirm that I have been receiving services from Collaborative Change
- That Collaborative Change and I may not be able to control what happens to my information once it has been released to the above person or agency, and that the agency or person getting my information may be required by law or practice to share it with others.

This release expires on \_\_\_\_\_  
Date Time

I understand that this release is valid when I sign it and that I may withdraw my consent to this release at any time either orally or in writing.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

#### Reaffirmation and Extension (if additional time is necessary to meet the purpose of this release)

I confirm that this release is still valid, and I would like to extend the release until \_\_\_\_\_  
New Date New Time

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Witness: \_\_\_\_\_

