# Form F: Release of Confidential Information

I, , (DOB: ) do hereby give permission to release or obtain information and/or records between **AGENCY** and the selected agencies/individuals by which I have signed my initials below. I understand that the information is confidential and is to be used only for the purposes of coordination of services. I understand that I can change or revoke any or all of this consent at any time by notifying my Case Manager in writing.

***This consent will expire in one year from the date below.***

Initials

Physician:

Landlord:

Utilities:

Utilities:

Legal:

Other:

Other:

Other:

Client’s Signature Date

Case Manager’s Signature Date