



CONSENT FOR RELEASE OF PRIVATE INFORMATION



I, _____, hereby authorize the disclosure of the information from my case file in writing and/or by telephone. By signing this form, I am giving the International Rescue Committee (IRC) and the Survive and Thrive Advocacy Center (STAC) permission to use/disclose information about my specific needs in order to coordinate services.

INFORMATION will be SENT / EXCHANGED between the International Rescue Committee and or the Survive and Thrive Advocacy Center AND:

(Person/Organization with whom information is to be exchanged):

Name: _____ Phone: _____ Fax: _____

Address:

THIS RELEASE IS FOR THE PURPOSE OF:

- I understand and agree that this authorization will be valid and in effect for **one year** or until _____ (enter a date or event upon which this authorization expires)
- I understand that after that date or event, no more of this information can be used or released to the person or organization unless I sign a new authorization like this one.
- I understand that I can revoke or cancel this authorization at any time by sending a letter to STAC and or the IRC, who is to supply this information. If I do this, it will prevent any releases after the date it is received but cannot change the fact that some information may have been sent or shared before that date.
- I understand that I do not have to sign this authorization and that my refusal to sign will not affect my abilities to obtain services from STAC and or the IRC, nor will it affect my eligibility for benefits.
- I understand that I may inspect and have a copy the information provided by STAC and or the IRC.
- I affirm that everything in this form that was not clear to me has been explained and I believe I now understand all of it.

Client Signature: _____ Date: _____

Staff Signature: _____ Date: _____