

AUTHORIZATION FOR RELEASE OF INFORMATION

I (We) authorize _____
(Facility/Provider)

_____ to exchange information
(Address)

(State specific nature of information to be disclosed)

regarding _____ (_____)
(Name of client/recipient of services) (Date of birth)

with the Crisis Nursery of Greater Rochester (235-5750) for the purposes of validating crisis childcare needs.

I understand that I have the right to revoke this authorization, in writing, at any time by sending notice to The Crisis Nursery of Greater Rochester. I understand that a revocation is not valid to the extent that The Crisis Nursery of Greater Rochester has acted in reliance on such authorization.

This authorization is valid until _____.
(Date)

It has been explained to me that if I refuse to consent to this release of information, the following are the consequences (specify, if any): _____ no information released and/or *ineligible to receive further services from The Crisis Nursery of Greater Rochester.*

A copy of this release shall have the same force and effect as the original.

(Client Signature) (Date)

(Witness) (Date) (Relationship)

NOTICE TO RECEIVING FACILITY: You may not redisclose any of this information unless the person who consented to this disclosure specifically consents to such redisclosure.

I understand that there is a potential for re-disclosure of this information by the recipient and, if that occurs, the information may not be protected by federal law.