Template: Limited Release of Information Form

READ FIRST: [Program] must keep information about you private. The only time your personal information should be shared is when you want us to for specific services or if we are compelled by law or court order.

- You never have to agree to share your information. We will still help you and provide our services.
- If you do want [Program/Agency Name] to share some information about you, use this form to give instructions about what you do and don't want shared, and with whom you want it shared.
- Before you sign this, someone at [Program/Agency Name] will discuss your goals/needs, your choices for how to meet those, and the pros and cons of having us share the information for you.
- You can change your mind about what you want shared at any time, and we will update this form to reflect your decision.

These are my instructions for [Program/Agency Name] to share my information:

I want this information about me shared:	*(Be as specific as possible. A few examples include: my name, dates I got help, documents about me)*
I want the information shared with this person or agency:	
I want the information shared:	☐ in person ☐ by phone ☐ by fax ☐ by mail ☐ by e-mail ☐ by text ☐ by other method: _____
Sharing this information helps me because:	

I know that once the information is shared by [Program/Agency Name]:

- Others will know that I have worked with [Program/Agency Name],
- Others might try to get more information about me from [Program/Agency Name], and
- The person/agency receiving my information might share it without asking me first.

____ **(initial)**

I want [Program/Agency Name] to stop sharing the information above on _____ **(date)**.

I know that I can change my mind and tell [Program/Agency Name] to stop sharing sooner than the date above _____.
(initial)

Non-abusive parent/guardian signature (if required):

Signed: _____ **Signed:** _____

Printed Name: _____ **Printed Name:** _____

Date: _____ **Date:** _____

Extending the Release

To help meet my goals, I want [Program/Agency Name] to keep sharing the information above for longer.

I want them to stop sharing on _____ (new date).

Signed:_____ **Date:**_____

Non-abusive parent/guardian signature (if required) **Signed:**_____ **Date:**_____