

**YWCA**  
**Passage Point Program**  
**AUTHORIZATION FOR THE RELEASE OF INFORMATION**

I, \_\_\_\_\_  
(Client Name) First Last

request and authorize, \_\_\_\_\_ of the  
YWCA Passage Point Re-Entry and Reunification Program of King County to  
**release and receive** information from \_\_\_\_\_,  
(agency/individual)

Regarding the areas checked below.

**Please initial all areas authorized for exchange of information:**

<input type="checkbox"/> Educational	<input type="checkbox"/> Childcare
<input type="checkbox"/> Social History	<input type="checkbox"/> Mental Health
<input type="checkbox"/> Employment	<input type="checkbox"/> Medical
<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Legal
<input type="checkbox"/> Housing	<input type="checkbox"/> Domestic Violence
<input type="checkbox"/> Watch Criminal Background Check	
<input type="checkbox"/> Income Verification	<input type="checkbox"/> Other: _____

***I understand my records are protected under Federal and State Confidentiality Regulations. Information regarding HIV/Aids status may not be exchanged unless specific permission is granted in a signed release of information.***

Client Name (print) \_\_\_\_\_ Date \_\_\_\_\_

Client Name (sign) \_\_\_\_\_

Witness (sign) \_\_\_\_\_ Date \_\_\_\_\_

Consent Expires (1 year): \_\_\_\_\_

***Note: After expiration client can choose to re-instate ROI by signing and dating on the lines below.***

Client Name (sign) \_\_\_\_\_ Date \_\_\_\_\_

Client Name \_\_\_\_\_ Date \_\_\_\_\_

Client Name \_\_\_\_\_ Date \_\_\_\_\_

***This consent expires 1 year from last date signed. I understand that consent may be revoked in writing at anytime except to the extent that action has already been taken.***

mp 8/2011

**eliminating racism  
empowering women  
ywca**

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**give help. get help.  
ywcaworks.org**