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:

___ Educational   ___ Childcare
___ Social History  ___ Mental Health
___ Employment   ___ Medical
___ Substance Abuse  ___ Legal
___ Housing   ___ Domestic Violence
___ Watch Criminal Background Check
___ Income Verification   ___ 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