



Information Consent Form

I request and give my permission to The Southwest Area Neighborhood Association, Inc. (SWAN) to share information with and obtain information from _____ to assist me with services. This information may include the release of requested records, including but not limited to, personal information, health information, and any other information concerning me that I have provided to _____ (SWAN)

I understand that this information will be provided so they can make referrals for service that I may need, or for the purpose identified as follows:

I understand what information will be released, the need for the information, and that there are laws regulations protecting the confidentiality of this information.

I understand that signing this authorization is voluntary but that refusal to do so may limit options available to me.

I understand that information used or disclosed pursuant to this authorization may be re-disclosed by the recipient and in such an event may no longer be protected by federal or state law. (I understand that the Consent of Release expires in 90 days.)

Print Name of Individual: _____

Signature of Individual: _____

Signature of SWAN Employee: _____

Title of SWAN Employee: _____

Date: _____