

Jewish Family Services
Release of Information Consent

I, _____, authorize Jewish Family Services to share and obtain information I provided with the following:

The above information will be used for the following purposes:

Planning appropriate treatment or program.

Continuing appropriate treatment or program.

Determining eligibility for benefits or program

Case Review

Updating files

Other (specify) _____

I understand that I may revoke this consent at any time by providing written notice, and after one year this consent automatically expires. I understand what information will be given, its purpose, and who will receive the information.

Client Signature: _____ Date: _____