



Raleigh-Cary Jewish Family Services
Release of Information Consent

I (parent/guardian), \_\_\_\_\_, authorize Raleigh-Cary Jewish Family Services to share and obtain information I provided regarding (child's name) \_\_\_\_\_ with the following provider:

\_\_\_\_\_

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: \_\_\_\_\_