

**CONSENT FOR THE RELEASE AND EXCHANGE OF
CONFIDENTIAL INFORMATION**

I, _____ (client name) do authorize
_____ (name of agency) to give, receive and to exchange
pertinent information with _____.

This information is needed for the following purposes: _____
_____.

I understand that the information to be exchanged will be treated as private data as governed by the Government Practices Act, and that no other use of this information, other than as stated above, will be made without any further signed consent.

I understand that this information is being exchanged to facilitate and coordinate service delivery.

I understand my consent is for a period of one year unless I choose to revoke it earlier.

Signature of Client

Signature of Service Provider

Date

Date