



SOJOURNER CENTER - Pet Companion Shelter
Consent for Release of Confidential Information

I, \_\_\_\_\_, authorize the Release of Information contained in (Printed name of Program Participant) my Sojourner Center Pet Companion Shelter files to others who are collaborating with my service plan and/or staff of service agencies who are extending services to me. I authorize specified agencies and professionals to release to Sojourner Center Pet Companion Shelter staff specified information deemed necessary for my service plan or the care of my animal(s) I understand that I do not have to give permission or sign a release of confidential information in order to receive services. This consent to release expires on the date of my pet(s) completion of, or my pet(s) exit from the Sojourner Center Pet Companion Shelter program, upon my written request, or on the following date: \_

\*\*\*If no date is entered, the release will automatically expire in 90 days\*\*\*
Consent is given to: To release information to and receive from:

Form with fields for Name and Title, Name of Agency, Address, Phone Number, and Fax Number for both the participant and the agency.

Information Requested/Given: \_\_\_\_\_

I understand this consent form does not release medical, HIV/AIDS related information, or Alcohol/Drug related information unless I have specifically stated so above.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_
Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

In the event that I leave Sojourner Center, I grant consent for Sojourner Center staff to notify the agency and person(s) listed above that I am no longer a Participant. This release will expire one working day following my discharge.
Participant Initials: \_\_\_\_\_ Exit date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

FOR REVOCATION OF CONSENT ONLY

Release revoked on this date: \_\_\_\_\_
Signature of Participant : \_\_\_\_\_
Signature of Staff: \_\_\_\_\_



### Notice of Your Right to Confidentiality

Safety is a priority of our program. To respect your privacy and help support your safety and right to make your own decisions, we will make every effort to keep what you tell us confidential. Confidential information includes:

- any written or spoken communication between a person seeking/receiving services and any program staff, volunteer, or board member;
- any records or written information identifying a person to whom services are provided; and
- any information about services provided to an individual.

We will not disclose anything about you without your permission, unless a legal exception exists. Legally, we are obligated to release confidential information if we are required by a court order. We are required by law to contact DCS if we suspect your child has been abused or neglected. We are also required by law to contact law enforcement when there is potential suicidal behavior or threat of harm to others that is likely to result in a clear, imminent risk of serious physical injury or death to you or another person.

It is your choice to decide what information you share about yourself and you may change your mind and withdraw the release at any time. You do not have to give permission or sign a release of information in order to receive services. It is completely your decision.

You may find it helpful for us to share specific and limited information with other agencies and programs. You can choose to give permission so that we can release this information about you. You may choose to give us permission to request information about you so we can coordinate care with other agencies and programs. If you decide that we can share your information, this will be done by signing a Consent for Release of Confidential Information form. However, we will still protect your privacy and confidentiality to the best of our ability. Please note that if you sign a release of information you do not give up your right to have the released information protected under other laws or rules.

I understand the information provided on this form.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date