

Families In Transition
RELEASE & EXCHANGE OF CONFIDENTIAL INFORMATION

406 Main St. # 326
Watsonville, CA 95076
Phone (831) 728-9991 Fax (831) 728-9793

I/We, _____

(Print names)

hereby, authorize the Release of Information about myself and/or my child(ren):

Between any training programs, supportive services, Human Services Department (HSD) or to access any data relevant to my/our case and with any landlords/property management companies. Please indicate specific agencies that you are involved with that Families In Transition may exchange information with:

This release is limited to information concerning: Assessment/Evaluation, treatment, status and progress in treatment, supportive services, coordination of services, school attendance verification, immunization verification and funding sources. Restriction: release or transfer of the specified information or an Agency not named herein is prohibited— unless a separate release and exchange of confidential information form is signed.

Furthermore, I/We agree to hold harmless and save Families In Transition of Santa Cruz County and any parties related to the funding and/or operation of Families In Transition of Santa Cruz County from any liability resulting from such release and exchange of information.

This authorization expires on: _____
(Date not to exceed 12 months)

Emergency Contact: _____ Number #: _____ Relationship: _____

Name (Signature) Date

Name (Signature) Date

Name (Case Manager) Date