



## Victim/Client Limited Release of Information Form

I understand that \_\_\_\_\_ (FJC or name of agency) has an obligation to keep my information and records confidential. I also understand that I may authorize (FJC or name of agency) to release that information to certain individuals or agencies.

I, \_\_\_\_\_ (name), authorize \_\_\_\_\_ (FJC or name of agency) to share the following information with \_\_\_\_\_ (*specify the name of the person or the specific office of the agency, and address/phone number if known*).

The information may be shared \_\_\_ by phone \_\_\_ by fax \_\_\_ by mail.

The information I authorize to be shared is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (List information as

specifically as possible, e.g., name, dates of service, any written documents).

The purpose of such release is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (List the reason as specifically

as possible, e.g., representation, to receive benefits, etc.)

I have been advised about and understand:

1. The specific information that is to be released;
2. The risks and benefits of releasing the confidential information;
3. That the \_\_\_\_\_ (*releasing agency name*) and I may not be able to control what happens to the information once it has been released to \_\_\_\_\_, and that the agency to whom the information is being released may be required by law or practice to share it with others;

4. Although every effort will be made to safeguard information, a limited release of information can potentially open up access by others to all of my confidential information held by \_\_\_\_\_ (*releasing agency name*) and
5. The method by which the information will be released (e.g., phone call, copied documents sent by mail, e-mail, etc.) and the risks of such method of communication.

**This release is valid for a period of \_\_ 15 days; \_\_ 30 days; \_\_ 90 days\***

If additional time is necessary to meet the purpose of this release, I understand that I will need to sign a new release form.

**I understand that this release is valid when I sign it, and that I may withdraw my consent to this release at any time in orally or writing. If I make the request orally I will be asked to document it in writing as soon as possible.**

\_\_\_\_\_  
**Client Signature**

\_\_\_\_\_  
**Witness Signature**

\_\_\_\_\_  
**Client name printed**

\_\_\_\_\_  
**Witness name printed**

\_\_\_\_\_  
**Date Signed**

\_\_\_\_\_  
**Date Signed**

**\*DATE RELEASE EXPIRES:\_\_\_\_\_**