



Authorization to Release Information

I, _____ (Client Name), agree to give my information to _____ (Service Provider) to receive services and I give them my permission to share my information with the Washington Office of Refugee and Immigrant Assistance within the Department of Social and Health Services. I acknowledge that this information may be shared with other ORIA-funded service providers, and that ORIA may report my information with the U.S. Office of Refugee Resettlement (ORR) within the Department of Health and Human Services as a requirement of federal policies. My shared information could include, but is not limited to basic demographic information, contact information, and immigration status. My information will only be shared to coordinate and assist in accessing multilingual and culturally appropriate services and to report my information to ORR. My information may be shared in person, by email or electronically, or by mail.

Please note: If your client records include any of the following information, you must complete this section to include these records.

I give my permission to disclose the following records (check all that apply):

- Mental health HIV/AIDS and STD test results, diagnosis, or treatment
- Substance Use Disorder

Please check one of the following:

- I do not require interpretation services and have read this consent form and fully understand it.
- This form has been read to me by an interpreter number / name

_____. This person or organization is fluent in English and my native language, and I fully understand the consent.

- This authorization to release information is valid for one year from the date signed or until _____.
- I may revoke or withdraw this authorization to release information at any time in writing, but that will not affect any information already shared.
- A copy of this form is valid to give my permission to share records.

Client / Client Representative Signature	Date	Client Case or Alien Number
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Parent or Legal Guardian Signature Date	Service Provider Staff Signature Date
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Notice to Recipients of Information: If these records contain information about HIV, STDs, or AIDS, you may not further disclose that information without the client's specific permission. If you have received information related to drug or alcohol abuse by the client, you must include the following statement when further disclosing information as required by 42 CFR 2.32:

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.