

Informed Consent for Release of Information (DSS-6236)

Name of Client

YES NO I give my permission for _____ in North Carolina to obtain information from or release information about my family to the following agencies:

 I. Agency: _____
Information to be released/obtained:
Financial: _____

Purpose for release/obtainment:

 II. Agency: _____
Information to be released/obtained:
Medical Records Information: _____

Purpose for release/obtainment:

 III. Agency: _____
Information to be released/obtained:
Other: _____

Purpose for release/obtainment:

 IV. Agency: _____
Information to be released/obtained:
Other: _____

Purpose for release/obtainment:

There are state and federal statutes and regulations safeguarding your personal information.

By signing this document,

- I understand what information about me is to be released or obtained and why such information is needed.
- I understand that if other specific information is needed or information needs to be released/obtained by another Agency not listed above, I will be contacted and asked to sign another consent form.
- I understand that my consent is voluntary and that I may withdraw it at any time.
- I understand that my consent is valid for the period of one year from date of signature.

Signature of Client (or Parent, Guardian, or Legally Appointed Representative)

Date

I certify that the information contained in this release form has been explained to the Client:

Witness or Interpreter

Date

Release revoked:

I revoke my consent for release of information above as of the date of my signature. I understand that this withdrawal of consent applies only to any information which has not previously released or obtained.

Signature of Client (or Parent, Guardian, or Legally Appointed Representative)

Date

Witness or Interpreter

Date

Instructions: The above form shall be completed in duplicate, with one copy provided to the client.

**Instructions for Completing the
NC Refugee Informed Consent for Release of Information Form (DSS-6236)**

- Purpose: The purpose of the Informed Consent for Release of Information Form is to ensure that the refugee client has complete understanding of h/her right to not allow information about them to be released or obtained by outside entities without their written consent.
- Client Name: Fill-in the client's name that pertains to the information that is being asked to be released or obtained.
- Permission: Fill-in the agency name that is asking for the client's information to be released or obtained.
- I. Agency: Enter the agency that would be providing financial assistance to the client (ex. Wake County Social Services). Under *information to be released/obtained*, enter any financial information that is to be released or obtained. Under *Purpose for release/obtainment*, enter the reason why the information needs to be released or obtained. Refugee must check the appropriate yes/no box to allow or disallow the release of information to this specific agency.
- II. Agency: Enter the agency that would be providing health services for that client (ex. Buncombe County Health Dept.). Under *information to be released/obtained*, enter any medical information that is to be released or obtained. Under *Purpose for release/obtainment*, enter the reason why the information needs to be released or obtained. Refugee must check the appropriate yes/no box to allow or disallow the release of information to this specific agency.
- III. Other: If needed, enter any other agency that is providing services to the client (ex. Greensboro Technical Community College). Under *information to be released/obtained*, enter any information that is to be released or obtained. Under *Purpose for release/obtainment*, enter the reason why the information needs to be released or obtained. Refugee must check the appropriate yes/no box to allow or disallow the release of information to this specific agency.
- IV. Other: If needed, enter any other agency that is providing services to the client (ex. Client's previous employer). Under *information to be released/obtained*, enter any information that is to be released or obtained. Under *Purpose for release/obtainment*, enter the reason why the information needs to be released or obtained. Refugee must check the appropriate yes/no box to allow or disallow the release of information to this specific agency.

Agreement

- Client Signature: Client or legal representative must sign and date the top portion of the signature area if the client agrees to allow her/his information to be released or obtained.
- Witness/Interpreter: A witness or interpreter must sign and date on the lines provided certifying that the information in this release form has been explained to the client.

Release Revoked

- Client Signature: Client or legal representative must sign and date the bottom portion of the signature area if the client does not allow h/his information to be released or obtained.
- Witness/Interpreter: A witness or interpreter must sign and date on the lines provided certifying that the information in this release form has been explained to the client.