

Sample Consent to Release

CONSENT TO RELEASE INFORMATION

I, _____, authorize the following agencies/persons:

Agency / Person A

Agency / Person B

Name: _____

NH Catholic Charities, Inc.
261 Lake Street
Nashua, NH 03060
Tel.: (800) 900-2760
Fax: (603) 880-4643

Organization: _____

Address: _____

Phone No: _____

to make the following transactions:

___ Disclosure of information specified below from Agency/Person A to Agency/Person B.

___ Disclosure of information specified below from Agency/Person B to Agency/Person A.

___ Disclosure of information specified below from Agency/Person A to Agency/Person B and vice versa.

I authorize the release of the following information:

for the purpose of:

This Release relinquishes certain rights of confidentiality as agreed upon with the Agencies listed above and this information may not be disclosed to any subsequent agency, individual or party without my written consent. I also understand that I may revoke this consent at any time. I am giving this Release of Information freely and voluntarily. This Release is effective for one year from the date of execution. A copy of this Release shall be as effective as the original

Executed this ____ day of _____ 2009

Client's Signature: _____

Date: _____

Staff Signature: _____

Date: _____