## North Carolina State Refugee Office

| YES | NO | Name of Client |  |
| :---: | :---: | :---: | :---: |
|  |  | I give my permission for $\qquad$ information from or release info | $\qquad$ in North Carolina to obtain y to the following agencies: |
| $\square$ | $\square$ | I. Agency: |  |
|  |  | Purpose for release/obtainment: |  |
| $\square$ | $\square$ | II. Agency: $\qquad$ <br> Purpose for release/obtainment: |  |
|  |  |  |  |
| $\square$ | $\square$ | III. Agency: $\qquad$ <br> Purpose for release/obtainment: |  |
|  |  |  |  |
| $\square$ | $\square$ | IV. Agency: $\qquad$ <br> Purpose for release/obtainment: |  |
|  |  |  |  |
| $\square \quad \square$ |  | V. Agency: |  |
|  |  | Purpose for release/obtainment: |  |

There are state and federal statutes and regulations safeguarding your personal information. By signing this document,

- I understand that this information will be used for the sole purpose of coordinating service delivery to me and/or members of my case/family.
- I understand that if other specific information is needed or information needs to be released/obtained by another Agency not listed above, I may be contacted and asked to sign another consent form.
- Information about my case will be kept private and confidential within this network of service providers.
- Information will be shared on an as needed basis only.
- I reserve the right to terminate this consent 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)

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

Witness or Interpreter
Date
The above form shall be completed in duplicate, with a copy provided to the client.

## 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)

## Witness or Interpreter

Date

## Date

## Instructions for Completing the

| Purpose: | The purpose of the Informed Consent for Release of Information Form is to ensure that the refugee client has complete understanding of his/her right to not allow information about them to be released or obtained by outside entities without their written consent. |
| :---: | :---: |
| Instructions: | The above form shall be completed in duplicate, with one copy provided to the client. For any Agency field left blank, N/A must be written. The form should be filled out and signed for each client receiving services from your agency. Minor clients must have a parent or guardian 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 COUNTY that would be providing financial assistance to the client (ex. Wake County Social Services), or any other agency that is providing services to the client. Under Purpose for release/obtainment, enter the reason why the information needs to be released or obtained (ex. financial information for cash and other benefits). Client must check the appropriate yes/no box to allow or disallow the release of information to this specific agency. |
| II. Agency: | Enter the COUNTY that would be providing health services for that client (ex. Buncombe County Health Dept.), or any other agency that is providing services to the client. Under Purpose for release/obtainment, enter the reason why the information needs to be released or obtained (ex. medical records). Client must check the appropriate yes/no box to allow or disallow the release of information to this specific agency. |
| III. Agency: | If needed, enter any other agency that is providing services to the client (ex. Greensboro Technical Community College). Under Purpose for release/obtainment, enter the reason why the information needs to be released or obtained. Client must check the appropriate yes/no box to allow or disallow the release of information to this specific agency. |
| IV. Agency: | If needed, enter any other agency that is providing services to the client (ex. potential employer(s)). Under Purpose for release/obtainment, enter the reason why the information needs to be released or obtained. Client must check the appropriate yes/no box to allow or disallow the release of information to this specific agency. |
| V. Agency: | If needed, enter any other agency that is providing services to the client (ex. Durham Public Schools). Under Purpose for release/obtainment, enter the reason why the information needs to be released or obtained. Client must check the appropriate yes/no box to allow or disallow the release of information to this specific agency. |

## Agreement

Client Client or legal representative must sign and date the top portion of the signature area if the client
Signature: agrees to allow her/his information to be released or obtained. Clients under 18 need the signature of a parent or guardian.

Witness/ A witness or interpreter must sign and date on the lines provided certifying that the information in Interpreter: this release form has been explained to the client.

## Release Revoked

Client Client or legal representative must sign and date the bottom portion of the signature area if the Signature: client does not allow $\mathrm{h} / \mathrm{his}$ information to be released or obtained.

Witness/ A witness or interpreter must sign and date on the lines provided certifying that the information in Interpreter: this release form has been explained to the client.

