North Carolina State Refugee Office Informed Consent for Release of Information (DSS-6236)

		Name of C	Client
YES	NO	I give my permission fori information from or release information about my family to the fol	n North Carolina to obtain
		information from or release information about my family to the for	lowing agencies.
Ц		I. Agency:	
		Purpose for release/obtainment:	
		II. Agency:	
		Purpose for release/obtainment:	
		III. Agency:	
		Purpose for release/obtainment:	
		IV. Agency: Purpose for release/obtainment:	
		ruipose ioi release/ootaninient.	
		V. Agency:	
		Purpose for release/obtainment:	
- - -	I under Agency Informa Informa I reserv	rs of my case/family. stand that if other specific information is needed or information needs of not listed above, I may be contacted and asked to sign another consection about my case will be kept private and confidential within this relation will be shared on an as needed basis only. The tright to terminate this consent at any time. Stand that my consent is valid for the period of one year from date of	ent form. network of service providers.
<u> </u>	C CIL		
		ent (or Parent, Guardian, or Legally Appointed Representative) information contained in this release form has been explained to the O	Date
i cerui	y that the	information contained in this release form has been explained to the C	lient:
Witness or Interpreter Date			Date
		The above form shall be completed in duplicate, with a copy provi	ided to the client.
Releas	e revoked	<u>:</u>	
		sent for release of information above as of the date of my signature. I only to any information which has not previously released or obtained	
Signati	ure of Clie	ent (or Parent, Guardian, or Legally Appointed Representative)	Date
Witness or Interpreter			Date

Instructions for Completing the NC State Refugee Office 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 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

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. 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 h/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.