



Help's on the Way

6784 Edwards Road
Belleville, MI 48111-1136
IRS-EIN 38-3590783
(734)776-3184
FAX (734)699-8756
www.helpsontheway.org

Policy Name: Release of Client Information Policy

Policy Adoption Date: December 10, 2002

When it becomes necessary and appropriate to release personal and confidential client information to agencies, entities, and/or organizations, a release of information form must be filled out, signed and dated by the client and the authorized agent or representative of Help's on the Way. **A copy of the signed and completed client release of information form on page two of this document must be kept on file for the duration of the agreement.**

For questions or additional information related to this policy, please write to:

Help's on the Way
6784 Edwards Road
Belleville, Michigan 48111-1136

Or

Contact us on the web www.helpsontheway.org

Psalm 46:1 "God is our refuge and strength, an ever-present help in trouble."

Help's on the Way Release of Information

Client's first, middle and last name: _____

Client's Date of Birth: _____

If you permit it, Help's on the Way may share your information with the agencies, entities and or organizations listed below.

Please check (✓) a box:

- SHARE:** Help's on the Way may share my name, date of birth, race, ethnicity, Social Security Number, and the same information from any other members of my family who are being served with me at this time.

List and check the agencies, entities and or organizations which will have access to client information.

<input type="checkbox"/>	<input type="checkbox"/>

Which information can we share with the agencies, entities and or organizations listed and checked above?

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="radio"/> Services you currently receive <input type="radio"/> Your income and income sources <input type="radio"/> Gender <input type="radio"/> Race <input type="radio"/> Ethnicity <input type="radio"/> Mental Health Issues <input type="radio"/> If you are homeless or not <input type="radio"/> Reasons for seeking services <input type="radio"/> Living situation and housing history | <ul style="list-style-type: none"> <input type="radio"/> Educational background <input type="radio"/> Employment status <input type="radio"/> Disability <input type="radio"/> Educational history <input type="radio"/> Domestic Violence Issues <input type="radio"/> Alcohol / Drug Issues <input type="radio"/> Military history <input type="radio"/> Other: _____ <input type="radio"/> Other: _____ |
|---|---|

When you sign this form, it shows that you understand the following.

- Help's on the Way will **not** deny you assistance if you refuse to release your personal information.
- If you permit us to share your personal information, this consent will expire one year from the signing date.
- You may cancel this consent at any time.

SIGNATURE OF CLIENT OR GUARDIAN	DATE	Signature of agency witness	Date

- Please treat information about my children age 17 or younger the same as mine.**

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