

Consent to Release Information – ARCH Shelter

Updated: 09-29-15

Client Printed Name: _____
First Name _____

Last Name _____

ID#: _____
ServicePoint ID _____

Front Steps adheres to a strict policy of confidentiality. The identity of all clients and all relevant records and/or information will be kept strictly confidential, with the following exceptions:

- 1) In cases where we are required by law to report information concerning child, adult or elder abuse.
- 2) In cases where you report information that you are in danger of harming yourself or others.
- 3) When you have authorized us in writing to release information about you.

Please be aware that Front Steps staff works as a team and may periodically discuss clients' cases.

In order to best assist you as you continue to work for your goals, it may be helpful for Front Steps staff to release information about you to other social service agencies that you are involved with or seeking assistance from.

Emergencies

In order for Front Steps to best facilitate services during an emergency situation, staff may share the following medical information with medical personnel.

Allergies (medical, food, etc.): _____
_____Other Medical Issues: _____

In case of emergencies, I DO DO NOT allow Front Steps to share medical information with one or both of the emergency contacts listed below. An emergency may include, but is not limited to hospitalization, incarceration, deportation, death, or other situation that may otherwise leave me incapable.

Emergency Contact #1

Full Name: _____

Relationship to Client: _____

Primary Phone: () Alternate Phone: ()

Address: _____

City, State, Zip: _____

Emergency Contact #2

Full Name: _____

Relationship to Client: _____

Primary Phone: () Alternate Phone: ()

Address: _____

City, State, Zip: _____

X

(Client Signature)

Date: _____