



Community Services
FOR EVERY1

Limited Release of Information Form

READ FIRST: Community Services for Every1 must keep information about you private. The only time your personal information should be shared is when you want us or others to for specific services or if we are compelled by law or court order.

- You never have to agree to allow us to share your information. We will still help you and provide our services.
- If you are not already linked with services, we will need your permission to reach out to you.
- If you do want Community Services for Every1's to share some information about you or you are interested in receiving services, use this form to give instructions about what you do and don't want shared by us or others, and with whom you want it shared.
- Before you sign this, someone at Community Services for Every1 or another service provider may discuss your goals/needs, your choices for how to meet those, and the pros and cons of having us or others share the information about and for you.
- You can change your mind about what you want shared at any time, and we will update this form to reflect your decision.

These are my instructions for Community Services for Every1's or others to share my information:

I want this information about me shared:	(Be as specific as possible. A few examples include: my name, dates I got help, documents about me)
I want this person or agency to share the above information:	
I want the information shared with this person or agency:	
I want the information shared:	<input checked="" type="checkbox"/> in person <input type="checkbox"/> by phone <input type="checkbox"/> by other method: _____ <input type="checkbox"/> by fax <input type="checkbox"/> by mail <input type="checkbox"/> by e-mail <input type="checkbox"/> by text
Sharing this information helps me because:	
I know that once the information is shared by Community Services for Every1 or others... <ul style="list-style-type: none"> • others may provide Community Services for Ever1 my information, including how to contact me, • others may know that I have worked with Community Services for Every1, • others might try to get more information about me from Community Services for Every1, and 	



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- the person/agency receiving my information might share it without asking me first.
_____ (initial)

I want Community Services for Every1 or others to stop sharing the information above on _____ (date).

I know that I can change my mind and tell Community Services for Every1 or others to stop sharing information sooner than the date above _____ (initial).

*Non-abusive parent/guardian signature
(if required):*

Signed: _____

Signed: _____

Printed Name: _____

Printed Name: _____

Date: _____

Date: _____

Extending the Release

To help meet my goals, I want Community Services for Every1 or others to keep sharing the information above for longer.

I want them to stop sharing on _____ (new date).