



5210 W. 4<sup>th</sup> Ave Kennewick, Wa 99336  
(509) 543-2910 www.4people.org contact@4people.org

## Client Release Form

### Instructions:

Submitting this form authorizes (Agency and case worker Names): \_\_\_\_\_ to share certain personal information collected about you or your family with other non-profit, governmental, and volunteer organizations participating in the 4People Case Management Network.

This agency may need to share your information in order to coordinate services and assistance, and to reduce the paperwork necessary for you and/or your family to receive services and assistance from multiple organizations. All organizations participating in the 4People network are committed to respecting your privacy and using your information solely for the purpose of coordinating assistance provided to you.

With the exception of certain limited circumstances, it is the policy of the agency listed above not to release information about individual or family assistance, or other personal information obtained through the 4People network, without the written consent of the individual or family. Therefore, we need your written consent to share this information, as required to assist you and/or your family, with other 4People network organizations.

I, Client **(First & Last)** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

herby authorize the Agency listed in the block above to share any of my information in its possession with other non-profit, governmental, and volunteer organizations participating in the 4People Case Management Network in order to coordinate services and assistance.

If you wish to limit this release to specific information, please specify the information that may be released.

Limitations to this release: \_\_\_\_\_

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I understand that I may revoke this consent at anytime by contacting the Agency listed in the block above, except when action has already been taken to obtain and/or release such information to organizations participating in the 4People network.

By agreeing and submitting this form, having read the above or had it read to me, I understand the terms and conditions. I have also had the opportunity to ask any questions. Additionally, I am signing this release on behalf of my children that are under the age of eighteen (18)

**(First & Last)** Name Head of Household: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_

Name of Child #1 \_\_\_\_\_ Age: \_\_\_\_\_

Name of Child #2 \_\_\_\_\_ Age: \_\_\_\_\_

Name of Child #3 \_\_\_\_\_ Age: \_\_\_\_\_

Name of Child #4 \_\_\_\_\_ Age: \_\_\_\_\_

Name of Child #5 \_\_\_\_\_ Age: \_\_\_\_\_

Name of Child #6 \_\_\_\_\_ Age: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_