



DO JUSTICE, LOVE MERCY, WALK HUMBLY

READ FIRST: Before you decide whether or not to let JAMLAC share some of your confidential information with another agency or person, an advocate at JAMLAC will discuss with you all alternatives and any potential risks and benefits that could result from sharing your confidential information. If you decide you want JAMLAC to release some of your confidential information, you can use this form to choose what is shared, how it's shared, with whom, and for how long.

I understand that JAMLAC has an obligation to keep my personal information, identifying information, and my records confidential. I also understand that I can choose to allow JAMLAC to release some of my personal information to certain individuals or agencies.

I, _____, authorize JAMLAC to share the following specific information with:
Name _____

Who I want to have my information:	_____ Volunteer Attorney
	_____ Organization/s: _____
	_____ Shelter staff at: _____
	_____ Victim advocates with: _____
	_____ Therapist: _____
	_____ Child attorney/GAL: _____
	_____ Other: _____

The information may be shared: in person by phone by fax by mail by e-mail
 I understand that electronic mail (e-mail) is not confidential and can be intercepted and read by other people.

What info about me will be shared:	<i>Any and all records, information, evaluations, and clinical opinions regarding myself and/or my children.</i> Other: _____
Why I want my info shared: (purpose)	<i>For the purpose of facilitating my representation in legal proceedings, both now and in the future.</i>

Please Note: there is a risk that a limited release of information can potentially open up access by others to all of your confidential information held by JAMLAC.

I understand:

- That I do not have to sign a release form. I do not have to allow JAMLAC to share my information. Signing a release form is completely voluntary. That this release is limited to what I write above. If I would like JAMLAC to release information about me in the future, I will need to sign another written, time-limited release.
- That releasing information about me could give another agency or person information about my location and would confirm that I have been receiving services from JAMLAC.
- That JAMLAC and I may not be able to control what happens to my information once it has been released to the above person or agency, and that the agency or person getting my information may be required by law or practice to share it with others.

This release expires on _____
Date

I understand that this release is valid when I sign it and that I may withdraw my consent to this release at any time either orally or in writing.

Time: _____

Signed: _____

Date: _____

Reaffirmation and Extension (if additional time is necessary to meet the purpose of this release)

I confirm that this release is still valid, and I would like to extend the release until _____
New Date New Time

Signed: _____ Date: _____ Witness: _____