



AUTHORIZATION AND RELEASE
OF CONFIDENTIAL INFORMATION

In consideration of the services to be undertaken or rendered by River of Hope, its members, agents or affiliated organization (herein after referred to as "ROH", to the client _____, Client hereby authorizes ROH to receive, from any and all sources, and to release to any person of another organization confidential information regarding client which may be necessary or useful to ROH in relation to the services to be rendered except medical information. Client hereby release ROH from all liability in anyway related to the receipt and/or release of said confidential information.

I further understand the release of this information does not guarantee that assistance will be provided, but that without the information my case cannot be in the consideration of the services to be undertaken or rendered considered by ROH.

Client

Date

ROH Case Worker

Date