



RELEASE OF INFORMATION

This information will be released upon subpoena or direction from the court. Personal information will be removed prior to releasing.

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

I, _____, authorize Guardian House to share information with:

Table with 2 columns: Information type (Who I want to have my information, What info about me will be shared) and Details (Name, Phone Number, Documents or information concerning Monitored Exchanges, Supervised Visitation, Counseling or other services received).

I understand:

- Three checkboxes with text explaining the voluntary nature of the release, the requirement for release under subpoena, and the inability to control the use of released information.

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.

This release expires one year from the date it was signed.

Client Signature

Date