

6.2 Authorization for Release of Information

It is the policy of the Rape Crisis Center of Milford, Inc. that communications between certified crisis counselors and clients are confidential. Information about you (the client) will be disclosed only if:

- π You (the client) authorizes permission to release information, or
- π The Rape Crisis Center of Milford, Inc. is required by law to release information.

I, _____ give permission to the Rape
Name of client

Crisis Center of Milford, Inc. to disclose any reasonably necessary information contained in my case records. I grant permission for this information to be released verbally and/or in writing to _____
Specific Name of Agency or Organization

for the purpose of _____.

I understand that this authorization will be in effect for no longer than six (6) months from the date of signature. I understand that I may stop this authorization prior to the lapse of six (6) months by writing to the Rape Crisis Center of Milford, Inc. stating that I no longer authorize the release of information. I also understand until the Rape Crisis Center of Milford, Inc., receives such letter any information previously released shall be considered authorized by me.

Signature of Client or Parent

Date of Signature

Print Name of Client or Parent

Signature of Counselor/Witness

Date of Signature