## Tennessee Department of Human Services CREVAA Client Release of Information

Information	to	Be	Released
			<b>NCICUSCU</b>

All information Limite

# Limited information

#### Purpose for Release of Information

Referral for long-term services

Coordination between agencies

Other

#### Person/Agency To Whom the Information Is to Be Released

**Referring Agency** 

Long-Term Service Provider

Other

### Method of Exchanging Information

Verbal

Written

Date this Consent Expires:

### I have been advised about and understand the following:

- 1. The specific information that is going to be released;
- 2. The risks and benefits of releasing the confidential information;
- 3. That and I may not be able to control what happens to the information once it has been released to and that the agency to whom the information is released may be required by law or practice to share it with others;
- 4. That a limited release of information can potentially open up access to others to all of my confidential information held by and
- 5. The method by which the information will be released (e.g., phone, copied documents sent by mail, e-mail, etc.) and the risks of such a method of communication.

## I understand I have a right to cancel or change this consent at any time, but must notify in writing to cancel or

change the release.

By my signature, I affirm that I have read, or have had explained to me, the above statements.

Signature of Client or Authorized Representative

Date

Date

#### Signature of CREVAA Advocate