Jewish Family Service
4131 S. Braeswood, Houston, TX 77025
Phone: 713-667-9336 Fax: 713-667-3619

RELEASE OF INFORMATION

CLIENT INFORMATION:

Client Name		Client Date of Birth
Parent/Legal Guardian Name (if applicable)		**Parent/Legal Guardian Date of Birth**
Address	**Zip Code**	**Client Credible ID**

INFORMATION TO BE RELEASED TO/ FROM:

Name	
Relationship	
◯ External Provider ◯ Immediate Family ◯ Friend ◯ Other:	
Address (include city and state)	**Zip Code**
Email	**Fax Number**
Specific Information to be released	

☐ Complete Record ☐ Family History ☐ Clinical Assessment ☐ Vocational Evaluation

☐ Progress Note ☐ Closing Summary ☐ Treatment Plan ☐ Resume/Job Search

☐ Other:

Specific Purpose for which information is required

☐ Continuity of Care ☐ Legal ☐ Job Search ☐ Education ☐ Financial Aid ☐ Medicine Management

☐ Other:

This document shall remain in effect for one year from date of signature, unless revoked by the undersigned. This release is subject to revocation by the undersigned at any time except to the extent that action has already been taken in reliance theron. Revocation must be submitted in writing. The undersigned is aware that material released by Jewish Family Service may contain information about treatment for alcohol/drug abuse and/or mental illness. This form applies to all emancipated minors, and must be signed by that minor rather than the parent or legal guardian.

Jewish Family Service is not responsible for confidential information which is passed on to any party not named in this release.

I authorize the release of information to Jewish Family Service ,4131 South Braeswood, Houston, TX 77025 713-667-9336	**Client/Parent/Legal Guardian Signature**	**Date**
I authorize Jewish Family Service 4131 South Braeswood, Houston, TX 77025 713-667-9336 **to release information** to the above named institution(s) or individual(s)	**Client/Parent/Legal Guardian Signature**	**Date**
Witness Signature	**Title**	**Date**