

## Limited Release of Information Form

**READ FIRST!** Before you decide whether to let the Confederated Salish and Kootenai Social Service Department [TSSD] share some of your confidential information with another agency or person, you should fully **consider** the risks and benefits. If you decide you want TSSD to release some of your confidential information, then use this form to choose what is shared, how it's shared, with whom, and for how long.

I understand that the Confederated Salish and Kootenai Social Service Department [TSSD] has an obligation to keep my personal information, identifying information, and records confidential. I also understand that I can choose to allow TSSD to release some of my personal information to certain individuals or agencies.

I, <print name>, authorize TSSD to share the following specific information:

<b>Whom I want to have my information:</b>	Name: <b>DHRD Families First Project</b> Specific Office at Agency: <b>Confederated Salish &amp; Kootenai Tribes</b> Address: P.O. Box 278 Pablo, MT 59855 Phone Number: (406) 675-2700 <b>ext. 1361 or 1087</b>
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The information may be shared:

by phone     by fax     by mail     by e-mail\*     in person

*\* I understand that electronic mail (e-mail) is not completely secure and may be intercepted and read by other people.*

<b>What information about me may be shared:</b>	
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<b>Why I want my information shared:</b>	
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I understand:

- That I do not have to sign a release form. I do not have to allow TSSD to share my information. Signing a release form is voluntary.
- That releasing information about me could give another agency or person information about my location and would confirm that I have been receiving services from TSSD.
- The risks and benefits of releasing the confidential information to the above agency or person.
- That a limited release of information can potentially open up access by others to all of my confidential information held by TSSD.
- The specific information that I want to be released (for example, written records, notes about what I have said) and how it will be shared (by phone, fax, mail, etc.). I understand that e-mail is not confidential.
- That this release is limited to what I have written above. If I would like TSSD to release information about me in the future, I will need to sign another written, time-limited release.
- That TSSD and I may not be able to control what happens to my information once it is released, and that the agency or person receiving my information may be required by law or practice to share it with others.

**This release is valid until (enter day/mo/yr) \_\_\_\_\_ unless revoked by me sooner.**

**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 verbally or in writing.**

**Signed: \_\_\_\_\_ Date & Time: \_\_\_\_\_**

**Witness: \_\_\_\_\_ Date & Time: \_\_\_\_\_**