



Authorization to Release/Exchange Confidential Information

This form cannot be used for the re-release of confidential information provided to the Fleet and Family Support Center by other individuals or agencies. Such requests should be referred to the original individual or agency. Authority to request the following information is derived from 5 U.S.C. 5031, and SECNAVINST 1754.1B. The form will be used by the officials of the Fleet and Family Support Program (FFSP) to assist clients. This information may be released under one or more of the "routine uses" listed in the Federal Register notice for this system, including the blanket routine uses applicable to all Navy Privacy Act systems of records. Completion of this form is voluntary. Failure to provide this information, however, may hinder or prevent FFSP from being able to assist you.

I, _____, hereby authorize the Fleet and Family Support Center to:

- release to:
- obtain from:
- exchange with:

the following information pertaining to myself and/or my child:

- | | |
|--|--|
| <input type="checkbox"/> treatment summary | <input type="checkbox"/> course of treatment |
| <input type="checkbox"/> diagnosis | <input type="checkbox"/> evaluation |
| <input type="checkbox"/> psychiatric evaluation/medication history | <input type="checkbox"/> dates of treatment attendance |
| <input type="checkbox"/> other (specify) _____ | |

for the purpose of:

- evaluation/assessment and/or coordinating treatment efforts
- other (specify) _____

This consent will automatically expire one year after the date of my signature as it appears below, unless otherwise stated.

I understand I have the right to refuse to sign this form, and that I may revoke my consent at any time (except to the extent that the information has already been released).

Printed Name of Client

Date

Printed Name of FFSC Witness

Date

Signature of Client

Date

Signature of FFSC Witness

Date