

## Jewish Family Services Release of Information Consent

I, \_\_\_\_\_, authorize Jewish Family Services to share and obtain information I provided with the following:

\_\_\_\_\_ On The Go Transportation Coordination \_\_\_\_\_

The above information will be used for the following purposes:

☒ Planning appropriate treatment or program.

☐ Continuing appropriate treatment or program.

☐ Determining eligibility for benefits or program

☐ Case Review

☐ Updating files

☐ Other (specify) \_\_\_\_\_

I understand that I may revoke this consent at any time by providing written notice, and after one year this consent automatically expires. I understand what information will be given, its purpose, and who will receive the information.

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_