

Form DCFS 35 Instructions

Consent to Release Information (Other than Protected Health Information)

Purpose

This form is used to obtain confidential information, **other than protected health information**, from other agencies or facilities, or to release such information to other agencies or facilities. (Form DCFS 35-H is to be used to obtain authorization for the release of protected health information.)

Preparation

The individual obtaining a release of information form from a client will review the form with the client and insure that the person understands the content and purpose of the form. If the person is illiterate or does not read or understand English, provisions should be made to supply the information in a form that he/she can understand, i. e., interpreter for the deaf, blind, foreign language, etc. A signed copy of the form is to be given to the client.

- Item 1. Complete with the name, address, and date of birth of the person whose record you wish to have released.
- Item 2. Complete with the name, address, and telephone number of the agency/facility releasing the information.
- Item 3. Complete with the name, address, and telephone number of the agency/facility to which the information is to be released. A separate consent form is required for each agency/facility to which information will be released.
- Item 4. This space is for designation of the specific information to be released. The specific items of information must be named individually.
- Item 5. The purpose for which the information is to be used is to be explained here and must also be specific.
- Item 6. Enter the date, event, or condition at which point the consent will automatically expire. (The time limit should be as brief as possible, with a period no longer than 60 days recommended; however, certain agencies or facilities may need a longer time period.) The time limit should never be more than one year. Oral revocation is acceptable; however, it is recommended that an attempt be made to obtain written revocation.

The client shall sign giving consent for the information to be released. The signature of one witness shall be obtained. **THE FORM SHALL BE COMPLETED PRIOR TO OBTAINING THE SIGNATURES AND SHALL BE DATED.**

- Item 7. In lieu of the client's signature in Item 6., the client's parent, guardian, or representative with legal authorization shall sign giving consent for the information to be released. The signature of one witness shall be obtained. **THE FORM SHALL BE COMPLETED PRIOR TO OBTAINING THE SIGNATURES AND SHALL BE DATED.**