



www.supportwithinreach.org

1325 NW 4th Street  
Grand Rapids, MN 55744  
**218-326-5008**  
**1-866-747-5008**

204 2nd Street NW,  
Aitkin, MN 56431  
**218-927-6226**  
**1-866-747-5008**

**CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION**

I, \_\_\_\_\_ authorize Support Within Reach to share the following specific information with (one agency per signed release): \_\_\_\_\_

\_\_\_\_ Give information to  
\_\_\_\_ Receive information from  
\_\_\_\_ Exchange information with each other

My information may be shared by  
(please mark all that apply):  
\_\_\_\_ in-person \_\_\_\_ Email \_\_\_\_ Phone \_\_\_\_ mail \_\_\_\_ fax

**RE:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

What information about me will be shared (Case #, offender name, etc.): \_\_\_\_\_

Why I want this information shared because (the purpose): Coordination of Care

- SWR has an obligation to keep my personal information & records confidential unless I sign this release information to a specific agency. I realize that I do not have to release any personal information in order to receive supportive services through SWR, however in order for SWR to assist me in advocacy situations; I can release SWR to discuss any/all information with another agency. I understand that an advocate will assist me in filling out this form and will help to answer any questions I may have. It is SWR's goal to assist clients in making informed decisions that are related to their personal goals & needs.
- I understand that the agency I am releasing my information to will know that I am receiving services from SWR.
- I understand the risks and benefits to releasing my personal information to the agency listed above.
- I understand that this release is limited to what is marked above and that it is time limited. If I would like SWR to share more information or information past the expiration date, I will need to sign another release.
- I understand that SWR and I may not be able to control what happens to my information once it has been released and that the agency or person getting my information may be required by law or practice to share it with others.
- I also understand that a photocopy of this release is valid as the original.

**This release is valid for a period of (# of days) circle one: 5 15 30 60**

|                 |
|-----------------|
| Release Expires |
| _____           |
| Date            |

\_\_\_\_\_  
(Signature of Client)

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Date)