



**DEPENDENCY ADVOCACY CENTER (DAC)
FIRST CALL FOR FAMILIES PROGRAM**

31 N. 2nd St., Suite 300, San Jose, CA 95113

Telephone (408) 856-2992 Email: firstcall@sccdac.org

AUTHORIZATION TO RELEASE INFORMATION AND RECORDS

Name: _____
Address: _____
Birthdate: _____ SS # (if applicable): _____ Phone: _____

I hereby authorize the organizations, agencies and/or persons listed below to release information and records to First Call for Families for the purpose of advocacy, investigation, and/or legal representation.

Organizations, agencies and/or persons authorized to release information:

_____ any organizations, agencies, and/or persons providing me with services or treatment

Records include:

- Medical Records (Initial: _____) Drug and/or Alcohol Treatment Information (Initial: _____)
 Mental Health Records (Initial: _____) Other: _____ (Initial: _____)

Records to be released: entire record record from _____ (date) to _____ (date)

I understand that health care information disclosed pursuant to this release is no longer protected by federal health privacy laws but may be protected by confidentiality laws governing lawyers and law offices.

I also authorize First Call for Families to receive and to disclose information and records from and to the organizations, agencies, and/or persons listed above for the following purpose(s):

I further authorize First Call for Families to communicate with any health care provider who referred me to First Call for Families, and with other health care providers who treat me, as necessary to further advocacy, investigation and/or legal representation.

I understand that this authorization is voluntary and that I may cancel this authorization in writing at any time by contacting my advocate at First Call for Families, except to the extent that First Call for Families has already taken action in reliance on this authorization.

Signed: _____ Date: _____

Print name: _____

Expiration Date: _____ (**one year** from the date of the signature if not specified)

I confirm that I have received a copy of this authorization. _____ (Initial)