

WILLITS SENIORS, INC.
CONSENT FOR RELEASE AND EXCHANGE OF INFORMATION

FOR CLIENT: _____

To Our Client:

- With your written consent, team members who represent community agencies may share specified information with one another in order to complete an assessment and develop a coordinated service plan with you.
- Information will be shared on a need-to-know basis.
- This exchange of information helps the team develop a case plan for you, to keep communication about your needs clear, and to eliminate or decrease duplication when working with more than one agency.

Client Statement:

- I may choose which agencies shall exchange information.
- I may refuse to sign this exchange form.
- I understand that only relevant and necessary information will be shared, that which will aid me in accessing services.
- I understand that the information to be exchanged includes medical, developmental, speech and language, educational, psychological, social, and financial.
- I have the right to review records and provide clarification(s).
- Information about my family and myself is strictly confidential and will be released to those agencies and/or persons which I have checked below:

Alcohol and Other Drugs Program (AODP)

California State Rehabilitation Department

Community Resources for Independence
(CRI)

Disaster Relief Response (Law Enforcement &
Fire Dept.)

Ford Street Project

Hospitality House

Mendocino County Dept of Mental Health

Mendocino County Dept of Social Services
(MCDSS)

Mendocino County Public Health Dept

Multi Purpose Senior Services (MSSP)

North Coast Opportunities

Pacific Medical Resources

Plowshares

Project Sanctuary

Redwood Coast Regional Center

Senior Law Project

Social Security Administration

Community Health Clinic: _____

Hospital: _____

Physician: _____

Utilities: _____

Other: _____

Signature of Client: _____ Date: _____

This authorization is valid for one year from the above date and may be revoked at any time by notifying the MOW Coordinator at this Senior Center.

Signature of Senior Center Representative: _____ Date: _____