



I understand that the Sexual Assault Center in the City of Alexandria has an obligation to keep my personal information, identifying information, and my records confidential. I also understand that I can choose to allow SAC to release some of my personal information to certain individuals or agencies.

I, _____ (name), authorize SAC to
 Release to Release from Exchange the following specific information:

Who will be given my information:	Name: Specific Office at Agency: Address: Phone Number
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The information may be shared: by phone by fax by mail

What info. about me will be shared:	<i>(List as specifically as possible, for example: name, dates of service, any documents).</i>
Why I want my info. shared: (purpose)	<i>(List as specifically as possible, for example: to receive benefits).</i>

I understand:

- That I do not have to sign a release form. I do not have to allow SAC to share my information. Signing a release form is completely voluntary.
- That releasing information about me could give another agency or person information about my location and would confirm that I have been receiving services from SAC.
- What specific information will be released (for example: written records, notes about what I have said) and how it will be shared (by phone, fax, mail, etc.).
- That this release is limited to what I write above. If I would like SAC to release information about me in the future, I will need to sign another written, time-limited release.
- That SAC 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.

This release is valid for a period of: ____ days OR ____ months (not to exceed 1 year).

If additional time is necessary to meet the purpose of this release, I will need to sign a new release form.

RELEASE EXPIRES: _____ Date
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I understand that this release is valid when I sign it, and that I may withdraw my consent to this release at any time either verbally or in writing.

Signed

Date signed

Witness

Date signed