

READ FIRST: Before you decide whether to let Portland Refugee Support Group obtain or share some of your confidential information from or with another agency or person, an advocate at Portland Refugee Support Group will discuss with you all alternatives and any potential risks and benefits that could result from sharing your confidential information. If you decide you want Portland Refugee Support Group to release some of your confidential information, you can use this form to choose what is shared, how it's shared, with whom, and for how long.

Portland Refugee Support Group



Hand in Hand, Rebuilding Lives
مجموعة بورتلاند لدعم اللاجئين

I understand that Portland Refugee Support Group has an obligation to keep my personal information, identifying information, and my records confidential. I also understand that I can choose to allow Portland Refugee Support Group to obtain or release some of my personal information to or from certain individuals or agencies.

I, _____, authorize Portland Refugee Support Group to (circle one) obtain/share the following specific information:

Who I want to obtain my information from:	Name: Specific Office at Agency: Phone Number:
Who I want to share my information with:	Name: Specific Office at Agency: Phone Number:

The information may be shared: in person by phone by fax by mail by e-mail
 I understand that electronic mail (e-mail) is not confidential and can be intercepted and read by other people.

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>

Please Note: there is a risk that a limited release of information can potentially open access by others to all of your confidential information held by Portland Refugee Support Group.

I understand:

- That I do not have to sign a release form. I do not have to allow Portland Refugee Support Group to obtain or share my information. Signing a release form is completely voluntary. That this release is limited to what I write above. If I would like Portland Refugee Support Group to release information about me in the future, I will need to sign another written, time-limited release.
- 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 Portland Refugee Support Group.
- That Portland Refugee Support Group and I may not be able to control what happens to my information once it has been released to the above person or agency, and that the agency or person getting my information may be required by law or practice to share it with others.

This release expires on _____
Date Time

I understand that this release is valid when I sign it and that I may withdraw my consent to this release at any time only in writing.

Date: _____

Signed: _____

Time: _____

Witness: _____