***Confirmation of Request for Service***

Our program staff often work with other community professionals to provide a support team. This means there are times when sharing information about you will help improve the service and make sure we meet your needs in the best possible way. Information will only be shared with persons directly providing service for you; whenever possible, this will be discussed with you first.

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name of patient) hereby give informed voluntary consent that Valley Community Services Staff can speak to Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ about when I make contact, attend and what service I will be receiving.

\*This form is effective for ONE year from signing and/or within 30 days of service ending. Please sign below to indicate that you understand and agree with this release of information.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of person to receive service Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Legal Guardian Date

(if applicable)

*Note: Consent may be revoked at any time in writing; please give requests to any VCS staff.*

This form has been created for use by Valley Community Services to help ensure consistent service delivery. In sharing this form the organization does not imply that its use is suitable for any other program or organization.