



Consent for Release of Confidential Information

I, _____ (*Name of Applicant or Guardian*) hereby authorize the release of information and records obtained during the course of placement in Dependency Court by _____ (*name of Social Worker or referring officer*) to authorized members of the Jeremiah’s Promise (JP) staff. In addition, I authorize the release of information and records obtained during the course of residency at a JP home by members of the JP staff to on/off-site therapeutic professionals who provide services for me.

I also consent to allow authorized members of the JP staff to contact individuals who may be able to provide information or insight pertinent to determining my (*or the applicant’s*) eligibility for admission, **including county representatives, county contracted agents, therapist(s) and any or all of the personal contacts** provided in the **Tenant Application** both during the application process and/or during and after my residency at JP to ensure continuity of services provided for my benefit (*or for the Applicant presently under my Guardianship*).

For the duration of my residency at JP, I authorize my therapist/psychiatrist to release the following information to authorized members of JP staff: **confirmation of attendance at weekly sessions, imminent risk to myself or others and/or a general alert concerning the potential of a crisis issue developing in my life in which I will need their support.** I understand that JP staff members will not ask my therapist for specific details regarding what I have shared nor will they ask my therapist for release of any other confidential information without my consent.

This disclosure and the authorization for the exchange of information and records **between involved professionals both within and without Jeremiah’s Promise** contained herein is required for the purpose of **evaluation for admittance to Jeremiah’s Promise** and for ensuring **ongoing continuity of care.** Such disclosure shall be limited to **information directly related to initial and continued suitability for residency in a Jeremiah’s Promise home.**

Any cancellation or modification of this authorization must be made in writing. It is understood that the undersigned has a right to receive a copy of this authorization. This authorization shall remain valid until:
_____.

Applicant or Guardian Signature: _____ **Date:** _____

NOTE: In the case that the above form is signed by a guardian, an additional agreement will need to be signed by applicant once applicant is of legal age.

For questions or assistance, please call 408.962.0630 or email admissions@jeremiahspromise.org.

Reference: California Civil Code Section 56.11