

Consent to Release Information

I authorize, ZIA to release information concerning my case to agencies, organizations and non-profits that have previously or are currently assisting me with services. Release of information will maintain efforts to create the best outcome for the client and prevent duplication of services.

In order to provide services and case management, disclosure of information between agencies, organizations and non-profits is mandatory.

ZIA is permitted to obtain information necessary to complete intake, assessment and the administration of services.

I understand that upon verification of information, ZIA has the right to deny the rendering of services based on their findings.

My signature indicates that I will not hold ZIA liable for any information exchanged for the use of their case management services.

Client Name: _____

Client Address: _____

Client Signature: _____

Date: _____

Social Worker: _____

Date: _____