

Trumbull Advocacy and Protective Network, Inc.
Consent to Release and Request Information

Name _____ DOB _____ SS# _____

Address _____ City _____ Zip _____

I give my permission for the members of the TAPN Clinical Committee to assist in the planning of a coordinated, supportive effort between me, my family and the agencies contributing to the services from which I might benefit. Individuals/Organizations in addition to the TAPN Clinical Committee may include:

The nature of information to be disclosed may include the following:

- Psycho/Social History, Evaluation, Assessment and/or Summary
- Hospitalization & Discharge Summaries
- Financial & Insurance Information
- Alcohol/Drug History
- Medical/Psychiatric Evaluation(s)
- Service/Treatment Plans
- All of the Above

I understand that I have the opportunity to meet with representatives of the committee, so that we may work together, to develop a treatment plan. I give my permission for the committee members to share information about my circumstances in order to assist me in the service planning and delivery process. I also understand that all committee members will only share information with people who are critical to the planning process or specifically requested by me.

I further understand that this authorization to release information will automatically expire 120 days from the date of signing. The information cannot be re-released without my consent. I am also aware that I have the right to revoke the authorization at any time upon my signature or the signature of my legal guardian. Upon revocation of consent, further release of information shall cease immediately. I understand and agree to my rights releasing this information.

Client/Consumer/Guardian _____ Date _____

Signature of Witness _____

Revocation of Consent: Client/Guardian _____ Date _____

TAPN Executive Board Agencies:
Trumbull County Probate Court, SCOPE Inc. of Trumbull County, Valley Counseling Services, Trumbull County Mental Health and Recovery Board, Trumbull County Board of Developmental Disabilities, Area Agency on Aging 11, Trumbull Metropolitan Housing Authority, Community Solutions Association, Trumbull County Department of Jobs and Family Services, Trumbull County Commissioners/Office of Elderly Affairs, Guardianship and Protective Services, Inc.