



First Step Denton County
Outreach Program, LLC

Release of Information

Client's Name: _____ Date of Birth: ____/____/____
Address: _____ State: _____ Zip Code: _____

(For the following information, please **initial** and **check** the appropriate box if FSOP is allowed to leave a confidential message or text at the numbers and/or e-mail address)

Home Phone: (____) _____ Initials ____ Message Text Permission not granted

Cell Phone: (____) _____ Initials ____ Message Text Permission not granted

Work Phone: (____) _____ Initials ____ Message Text Permission not granted

E-mail address _____ Initials ____ Yes send e-mail No send e-mail

Emergency Information

Emergency Contact Person _____

Relationship _____ Phone Number: (____) _____ Initials ____

AUTHORIZATION FOR RELEASE OF INFORMATION

NOTICE TO RECIPIENTS OF INFORMATION: THIS INFORMATION IS PROTECTED BY FEDERAL REGULATIONS 942cfr, part 2) AND PROHIBITS ANY DISCLOSURE WITHOUT THE EXPRESS WRITTEN CONSENT OF THE PRSON TO WHOM IT PERTAINS.

I, _____ hereby authorize FSOP to release from my records all information regarding any attendance, reports, assessments results, progress reports, and any referral information to:

Denton County Community Supervision

Department

CPS Case Worker _____

Phone _____ Fax: _____

Address _____

City/State/Zip: _____

Attorney _____

Phone _____ Fax _____

Address _____

City/State/Zip: _____

Texas Department of Criminal Justice Pardons and Paroles

CASA Advocate: _____

Phone _____ Fax: _____

Address _____

City/State/Zip: _____

Other _____

Phone _____ Fax _____

Address _____

City/State/Zip: _____

THIS INFORMARTION IS RELEASED FOR THE PURPOSE OF EVALUATION/REFERRAL AND /OR DETERMINATION PROGRESS.

THIS RELEASE SHALL EXPIRE ONE YEAR FROM THE DATE SIGNED UNLESS REVOKED IN WRITING BY THE SIGNER BEFORE THAT TIME.

Client Signature

Date

FSOP Staff Signature

Date

Group _____ Revised 6/15/2011

A lifestyle change for a better community