

PLEASE NOTE!

SACAP Form 12

This form must remain in the case file of:

Revised 2/99

## INFORMATION RELEASE FORM

I, the undersigned, hereby permit the Alabama Department of Rehabilitation Services and the State of Alabama Client Assistance Program to exchange written, verbal or computerized information for the purpose of resolving a concern about my rehabilitation program I reported to the State of Alabama Client Assistance Program. I also permit the State of Alabama Client Assistance Program to have full access to all materials in my current Alabama Department of Rehabilitation Services case file in whatever form it may be recorded, stored or held.

I understand the information released to the State of Alabama Client Assistance Program will only be used to help resolve the concern reported to the State of Alabama Client Assistance Program. It will only be discussed or shared with rehabilitation personnel and service providers who are part of my rehabilitation program or who evaluate my progress toward my vocational goal.

I further understand the State of Alabama Client Assistance Program may not release any information about me without my written or verbal consent when required by federal or state law or when necessary to protect me or the safety of others.

This Information Release Form becomes effective on the date I sign it and ends six (6) months from that date. If that date falls on a weekend or State holiday, it will end the next business day. However, I may cancel this release at any time by notifying, in writing, the State of Alabama Client Assistance Program at 400 South Union Street, Suite 465, Montgomery, AL 36104. Canceling this release does not change any action already taken under this release. The State of Alabama Client Assistance Program may also cancel this release by notifying me in the manner most appropriate for my disability.

Print Your Name \_\_\_\_\_

Date Signed \_\_\_\_\_

Your Signature \_\_\_\_\_

Your Telephone Number \_\_\_\_\_

(By signing your name you are agreeing with and acknowledging that you have read the above statement)

Your Social Security Number \_\_\_\_\_

Representative's Signature (If not signed by Consumer) \_\_\_\_\_

The County in which you live \_\_\_\_\_

Relationship to Consumer (If signing for Consumer) \_\_\_\_\_