



Family Houston

CONSENT FOR SERVICES

I, _____ wish to receive case management services provided by **Family Houston**. I understand that my identity and my receipt of services are confidential. I understand that no information or records associated with my case will be knowingly released to anyone outside the above named agency without my informed written consent, or a subpoena, court order or legal statute.

I am giving this consent of my own free will. This consent will remain in effect until such time as I provide in writing, a statement revoking my consent.

I fully release and hold **Family Houston**, their Officers, Directors, Board Members, employees, and agents (i.e.: volunteers, students) harmless from any and all damages, losses, liabilities (joint or several), payments, obligations, penalties, claims, litigation, demands, defenses, judgments, suits, proceedings, costs, disbursements or expenses (including without limitation, fees, disbursements and expenses of attorneys, and other professional advisors and of expert witnesses and costs of investigation and preparation) of any kind or nature whatsoever resulting from, relating to or arising out of my receipt of services.

I was given a copy of my Client Rights and Responsibilities and a copy of the Grievance Policy and Procedures. I was offered an opportunity to discuss them in a language and format I understand; and I agree to abide by them.

CLIENT SIGNATURE
(IF OF LEGAL AGE AND LEGALLY COMPETENT)

DATE

PARENT/GUARDIAN/POWER OF ATTORNEY
(WITH COPY OF AUTHORITY ATTACHED)

DATE

STAFF SIGNATURE

DATE

Family Houston
CASE MANAGEMENT
Consent for the Release / Exchange of Information

I, _____ (Client) _____ (Date of Birth)

authorize the Case Management personnel of Family Houston to exchange information with the agencies and/or individuals identified below. This exchange of information is for the purpose of facilitating my access to community resources. Information regarding my identity, my need for and/or eligibility for services may be shared. Unless and until I have initiated and signed additional Release / Exchange of Information forms for specific purposes, no information which might identify me may be shared with any other person / organization.

This authorization for exchange of information is made with informed consent. The consent may be revoked in writing by the undersigned at any time except to the extent that action may already have been taken in reliance on it.

Further, I understand that this consent shall expire at the time of program termination.

A photographic copy of this authorization shall be considered as effective and valid as the original.

Organizations / Providers / Agencies / Schools	
1. Adult /Child Protective Services	19. Little Flower Thrift Shop
2. American Red Cross	20. Meals on Wheels
3. Area Agency on Aging	21. Medical Clinics
4. Baker Ripley	22. Medical Bridges
5. Catholic Charities	23. METRO
6. Christian Community Service Center	24. Neighborhood Centers, INC
7. Community Family Center (Chicano Family Center)	25. NAACP
8. Community Centers/Colleges	26. Operation ID
9. Gulf Coast Community Services	27. P.S.I. Volunteer Home Repair Program
10. Harris County Hospital District	28. Prevent Blindness
11. Harris County Social Services	29. Salvation Army
12. Hester House	30. Sheltering Arms
13. Houston Area Urban League/HUD	31. TSO (Texas State Optical)
14. Houston Children’s Charities	32. Social Security Administration
15. Houston Food Bank	33. Social Service Assistance Agencies
16. Houston Furniture Bank	34. Texas Department of Health & Human Services
17. Houston/Harris Housing Authority	35. Wesley House Community Center
18. Interfaith Caring Ministries	36. Wheeler Avenue Baptist Church
Physicians / Other Medical Providers	Family / Friends
1.	1.
2.	2.
3.	3.

 Client Signature

 Date

 Staff Signature

 Date