



Permission to Share Information Client Support Services Unit

Client's Full Name:

Date of Birth:

This will authorize: Georgia Public Defender Council (GPDC) Client Support Services Unit
270 Washington Street, Suite# 6079, Atlanta, GA 30334

To Select one the requested information Select one:

Address of Agency:

Please **check all** information you authorize for full disclosure or release:

- Criminal system information
 - Employment history
 - Financial history
 - Housing history or needs
 - Medical history
 - Medications (current & past)
 - Mental health treatment/services/needs
 - Education history
 - Substance use treatment/services/needs
 - Other information (please specify):
-

Please **check any** item(s) you wish to **exclude** from this disclosure or release:

- Criminal justice information
- Employment history
- Financial history
- Housing history or needs
- Medical history
- Medications (current & past)
- Mental health treatment/services/needs
- Education history
- Substance use treatment/services/needs
- Other information (please specify):

The authorized information will only be used to provide support services related to developing your case plan and connecting to appropriate services. This information is confidential and will not be released by GPDC Client Support Services Unit without your signed permission. You may cancel this authorization at any time by submitting a written request to GPDC Client Support Services Unit.

Participant Acknowledges

(please check all)

I understand I have the right to refuse to sign this form and that I may revoke my consent at any time (except to the extent that the information has already been released).

I understand I have the right to receive a copy of this authorization upon request.

Participant Name (*print*): _____

Today's Date: _____

Participant Signature: _____