



FAMILY ADVOCATE PROGRAM Release of Information

The Family Advocate Program is a service provided through your local System of Care Community Collaborative. You have been referred to the program from a Care Coordinator to help you, your child or your family obtain services and supports to meet your family's needs.

In signing this release, you are giving permission for the Family Advocate, of FAVOR, Inc., to share information with the designated professional, agency or persons you have named below:

I, _____ hereby authorize a Family Advocate with FAVOR, Inc.,
(Printed Name)

to obtain and or disclose, verbally or in writing, information regarding my child:

Name: _____

DOB: _____

Relationship to above: Parent Guardian Legal Representative

From:

Name: _____

Address: _____

Phone: _____

I understand that the Family Advocate Program is a voluntary program, and I can withdraw my release at anytime, by notifying the Family Advocate or FAVOR, Inc. The withdrawal of authorization can be verbal, but must be followed up in writing within 10 days of notification. This release will remain in effect for one (1) year from date of signature. All information received will remain confidential with FAVOR, Inc., and only information obtained by FAVOR will be shared with the above written permission.

Authorized Signature: _____

Date: _____

Family Advocates are employed by FAVOR, Inc., a statewide advocacy organization located at 2138 Silas Deane Highway, Rocky Hill, CT 06067 and funded through a grant from the CT Department of Children and Families.