



SPECIFIC RELEASE OF INFORMATION

St. Johns County
304 Kingsley Lake Drive
Suite 602
St. Augustine, FL 32092
904-824-0050

Putnam County
605 St. Johns Avenue
Suite 102
Palatka, FL 32177

Clay County
155 Blanding Blvd
Suite 2
Orange Park, FL 32073
904-298-2001

I (client), _____, understand that Family Resource Connection, Inc. (FRC) must be able to obtain and share certain information about me, my child(ren), and/or my case in order to provide service(s) and/or help me fulfill my court requirements. I also understand that the getting and the sharing of my information is only on an "as need to know" basis and that all information will be kept confidential except what is required by law and/or a court order; therefore, I give permission for Family Resource Connection, Inc. to receive and/or to share information with the following:

It has been explained to me that the purpose for getting and/or sharing my information with this individual or organization is to:

I understand that this Release of Information will remain in effect for twelve (12) months from the signing date and that I will need to complete another release if I am still receiving a service from FRC after twelve months. I realize that I can recant this Release of Information at any time by providing a written request. I understand that not having my permission to get or to share information may limit or terminate services that Family Resource Connection provides.

Client Signature Date

Printed Client Name Date

Family Resource Connection Witness Date

Central Fax
866-528-0579

www.familyresourcefl.org