

Consent – Specific

I/We _____ do hereby give my/our consent on
(Client/Legal Representative)

_____ concerning _____
M/D/Y (Client)

- To release information to:** Agency/Person: _____

- To obtain information from:** Agency/Person: _____

- To participate in:** _____

- Other:** _____

for the purposes of (specifics of consent):

I understand any information obtained by ASC will be held in confidence.

This consent will be in effect from _____ to _____
(not to exceed one year) (M/D/Y) (M/D/Y)

or _____
describe the term of the consent

Signature of Client/Legal Representative _____
Date

Signature of ASC Employee _____
Date

Signature of Coordinator _____
Date

Binder(s):	Adult Services, Family Support Services					Page:	1 of 1
Section(s):	Rights	A	1998-05-21	R/R	Jan 18/12	R	Apr 18/18
Program Area(s):	Adult Disability, Family Support Disability						