

Candece Tierney, MA, LMFT, LMHC

**READ FIRST:** Before you decide whether or not to let Candece Tierney share some of your confidential information with another agency or person, an advocate at Candece Tierney MA will discuss with you all alternatives and any potential risks and benefits that could result from sharing your confidential information. If you decide you want Candece Tierney to release some of your confidential information, you can use this form to choose what is shared, how it's shared, with whom, and for how long.

I understand that Candece Tierney has an obligation to keep my personal information, identifying information, and my records confidential. I also understand that I can choose to allow Candece Tierney to release some of my personal information to certain individuals or agencies.

I, \_\_\_\_\_, authorize Candece Tierney to share the following specific information with:  
name

<b>Who I want to have my information:</b>	Name: Specific Office at Agency: Phone Number:
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The information may be shared:  in person  by phone  by fax  by mail  by e-mail  
 I understand that electronic mail (e-mail) is not confidential and can be intercepted and read by other people.

<b>What info about me will be shared:</b>	<i>(List as specifically as possible, for example: name, dates of service, any documents).</i>
<b>Why I want my info shared: (purpose)</b>	<i>(List as specifically as possible, for example: to receive benefits).</i>

**I understand:**

- That I do not have to sign a release form. I do not have to allow Candece Tierney to share my information. Signing a release form is completely voluntary. That this release is limited to what I write above. If I would like Candece Tierney to release information about me in the future, I will need to sign another written, time-limited release.
- That releasing information about me could give another agency or person information about my location and would confirm that I have been receiving services from Candece Tierney.
- That Candece Tierney and I may not be able to control what happens to my information once it has been released to the above person or agency, and that the agency or person getting my information may be required by law or practice to share it with others.

**This release expires on** \_\_\_\_\_  
Date Time

**I understand that this release is valid when I sign it and that I may withdraw my consent to this release at any time either orally or in writing.**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Witness:** \_\_\_\_\_