

# DOR

## RELEASE OF INFORMATION FORM

I hereby authorize DOR to share the following information.

- 1.
- 2.
- 3.
- 4.

with (company, agency, individual) \_\_\_\_\_

address \_\_\_\_\_

I understand that such information will be confidential and used by professional persons interested in the welfare of the above named individual. I also agree that the photocopy of this release form has the same validity as the original. Material released by DOR is not to be re-released by the agency requesting such information.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of client, parent or guardian

\_\_\_\_\_  
Date

Valid Until \_\_\_\_\_

Counselor signature \_\_\_\_\_

12-03

<b>D</b>	<b>O</b>	<b>R</b>	Delivering Organizational Results	1660 South Hwy 100 Suite 430 Minneapolis, MN 55416	612-332-4805 800-367-3271	Fax: 612-342-2422 www.doreap.com doreap@doreap.com
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# DOR

## RELEASE OF INFORMATION FORM

I hereby authorize \_\_\_\_\_ to share the following information.

- 1.
- 2.
- 3.
- 4.

concerning (name) \_\_\_\_\_ with  
**DOR, 1660 South Highway 100, Suite 430, Minneapolis, Minnesota 55416.**

I understand that such information will be confidential and used by professional persons interested in the welfare of the above named individual. I also agree that the photocopy of this release form has the same validity as the original. Material released by DOR is not to be re-released by the agency requesting such information.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of client, parent or guardian

\_\_\_\_\_  
Date

Valid Until \_\_\_\_\_

Counselor Signature \_\_\_\_\_

12-03

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# DOR

## RELEASE OF INFORMATION FORM DRUG TEST REFERRAL

I hereby authorize **DOR** to share the following information.

1. Confirm to employer dates of session attendance
2. Confirm to employer an anticipated follow-up or case management information
3. Please specify any additional information to be shared \_\_\_\_\_

with (company, agency, individual) \_\_\_\_\_

address \_\_\_\_\_

I understand that such information will be confidential and used by professional persons interested in the welfare of the above named individual. I also agree that the photocopy of this release form has the same validity as the original. Material released by **DOR** is not to be re-released by the agency requesting such information.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of client, parent or guardian

\_\_\_\_\_  
Date

Valid Until \_\_\_\_\_

Counselor Signature \_\_\_\_\_

12-03

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# DOR

## RELEASE OF INFORMATION FORM SUPERVISORY REFERRAL

I hereby authorize **DOR** to share the following information.

1. Confirm to employer dates of session attendance
2. Please specify any additional information to be shared

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with (company, agency, individual) \_\_\_\_\_

address \_\_\_\_\_

I understand that such information will be confidential and used by professional persons interested in the welfare of the above named individual. I also agree that the photocopy of this release form has the same validity as the original. Material released by **DOR** is not to be re-released by the agency requesting such information.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of client, parent or guardian

\_\_\_\_\_  
Date

Valid Until \_\_\_\_\_

Counselor Signature \_\_\_\_\_

12-03

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# DOR

## RELEASE OF INFORMATION FORM

I hereby authorize a two way sharing of information between DOR and

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

phone \_\_\_\_\_ regarding (client) \_\_\_\_\_

The following is the information to be shared.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

I understand that such information will be confidential and used by professional persons interested in the welfare of the above named individual. I also agree that the photocopy of this release form has the same validity as the original. Material released by DOR is not to be re-released by the agency requesting such information.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of client, parent or guardian

\_\_\_\_\_  
Date

Valid Until \_\_\_\_\_

Counselor Signature \_\_\_\_\_

12-03

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