

**EXHIBIT C3 - CLIENT RELEASE OF INFORMATION FORM**

Client Name \_\_\_\_\_

**INSTRUCTIONS TO THE PROVIDER**

The client is requested to read and sign the client rights portion of this form. The provider is required to inform each client of sections I-V of this form and the purpose for each, requesting the client initial each applicable section.

Client  
Initials

**I. SOCIAL SECURITY NUMBER DISCLOSURE**

The Florida Department of Children and Families requests that you provide your social security number(s), but you are not required to do under the law. However, if you give us your social security number(s) we can determine your eligibility for assistance or services faster and more accurately. The department uses social security numbers for identity verification, income and eligibility verification, and other purposes related to administration of our programs.

**II. SYSTEMATIC ALIEN VERIFICATION FOR ENTITLEMENTS (SAVE) DISCLOSURE**

I hereby authorize the release of Department of Homeland Security data pertinent to my immigration status to the Florida Department of Children and Families and The School Board of Miami-Dade County to access federal public benefits and/or Refugee Services-funded services.

N/A

**III. PROTECTED HEALTH INFORMATION (PHI) DISCLOSURE**

I hereby authorize the release of my protected health information (PHI) to Refugee Services for the purpose of determining eligibility for services or special exemption from program requirements.

**IV. FINANCIAL INFORMATION DISCLOSURE**

I hereby authorize the release of my financial information to Refugee Services for the purpose of determining eligibility for services and/or economic statistics.

**V. CONTACT INFORMATION DISCLOSURE**

I hereby authorize the release of my contact information to the vendor approved by the Florida Department of Children and Families for the sole purpose of conducting a survey to rate my refugee experience and generally assess refugee needs. I do not authorize the use of my contact information for any other purpose.

**CLIENT RIGHTS**

- I have the right to revoke this authorization at any time by writing to the Florida Department of Children and Families and The School Board of Miami-Dade County.
- I understand that signing this authorization is voluntary and my treatment, payment, enrollment, or eligibility for benefits is not contingent upon my authorization of this disclosure.
- I understand that information disclosed under this authorization may be re-disclosed by the recipient, and this re-disclosure may no longer be protected by federal or state law.
- The Florida Department of Children and Families and The School Board of Miami-Dade County will give me a copy of this form upon my request.
- I understand that this authorization will expire at the conclusion or termination of the contract between the Florida Department of Children and Families and The School Board of Miami-Dade County, unless I specify a different date.
- My signature below indicates that I have read this form entirely, and the opportunity to ask questions, and authorize the use of a copy of this form for the disclosure of the information described above:

\_\_\_\_\_

Client Signature

\_\_\_\_\_

Date

**PROVIDER USE ONLY**

I have explained this form and its purpose to the client and the client has refused to sign.

\_\_\_\_\_

Client Signature

\_\_\_\_\_

Date