

Jennifer Marks-Foster, PsyD

READ FIRST: Before you decide whether or not to let Jennifer Marks-Foster, PsyD share some of your confidential information with another agency or person, an advocate at Jennifer Marks-Foster, PsyD 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 Jennifer Marks-Foster, PsyD 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 Jennifer Marks-Foster, PsyD has an obligation to keep my personal information, identifying information, and my records confidential. I also understand that I can choose to allow Jennifer Marks-Foster, PsyD to release some of my personal information to certain individuals or agencies.

I want the following agency to GIVE/RECEIVE (circle one or both) my information.	Jennifer Marks-Foster, PsyD	I want the following agency to GIVE/RECEIVE (circle one or both) my information.	Agency Information
	801 Rue St. Francois St. Ste A. Florissant, MO. 63031 (P) 314-326-7811 (F) 314-329-3266		Name: Address: Phone/Fax:

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.

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

Please Note: there is a risk that a limited release of information can potentially open up access by others to all of your confidential information held by Jennifer Marks-Foster, PsyD.

I understand:

- That I do not have to sign a release form. I do not have to allow Jennifer Marks-Foster, PsyD 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 Jennifer Marks-Foster, PsyD 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 [Program/Agency Name].
- That Jennifer Marks-Foster, PsyD 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 one year from the date that it is signed unless specified below.

_____ 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:** _____

Reaffirmation and Extension (if additional time is necessary to meet the purpose of this release)

I confirm that this release is still valid, and I would like to extend the release until _____
New Date New Time

Signed: _____ Date: _____ Witness: _____