

Peer Support Team Member Authorization for the Release of Information

Peer Name (please print): _____

Organization: ___MCKINNEY PEER TEAM/MFD___

I knowingly waive my right of confidentiality protected communications with peer support member(s) as specified in organization policy.

I hereby authorize the following Peer Support Team Member(s):

To release information outlined below that was exchanged in peer support interaction(s) to the following: _____

Type and limit of information to be released:

_____ Initial - I have discussed, in detail, the information to be released and any limitations of information to be released with the peer support team member(s) listed above.

This release of information may be revoked at any time.

This Authorization for the Release of Information shall expire one year from the signed date unless revoked earlier by the authorizing individual.

Peer's Printed Name

Signature of Peer Authorizing the Release of Information

Date

Witness

Date