



100 South Pine Street, Zeeland, MI 49464  
Phone: 616-748-6017 Fax: 616-748-6028

### Authorization for Release of Information

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

I, \_\_\_\_\_, understand that information shared with Doors of Hope is confidential. I hereby authorize the staff of Doors of Hope to release and/or exchange all confidential information regarding my case, maintained while I was a client, to agencies, businesses, churches, attorneys, individuals, or any others deemed necessary to verify information, identify sources of assistance, coordinate services, advocacy, networking and assistance in understanding documents. This authorization includes the release of my personal financial information. I also authorize Doors of Hope to release my information in the form of prayer updates. I understand that I may refuse to sign this consent, but that refusal may result in limited services being available. I understand that I have the right to revoke this authorization by written statement to Doors of Hope at City on a Hill office at any time. I may revoke this authorization to release information except where action has already been taken on the basis of this release of information.

This authorization becomes invalid upon client’s written request.

*\*I have read, understand, and agree to the policies above regarding the use of my personal and confidential information for the purpose of receiving services at Doors of Hope.*

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (if under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Representative Signature - Witness

\_\_\_\_\_  
Date