

**Kearsarge Neighborhood Partners
Advocate Services
Authorization for Release of Personal Information**

Print Name		Age
Street	Town	Zip
Cell	Email	

I _____ understand that information about my situation and my interactions with Kearsarge Neighborhood Partners (“KNP”) **will be documented in a database and accessible to other KNP staff and volunteers on a “need to know” basis.**

I hereby authorize Kearsarge Neighborhood Partners (“KNP”), or any employee or representative of Kearsarge Neighborhood Partners, PO Box 1442, New London, NH 03257 to share and discuss information with Authorized Representatives of the following Service Organizations who may also be involved in my care. Said information may be personal, financial, or otherwise deemed confidential.

	<i>Please Check Mark Those Selected.</i>		<i>Add Any Other Services</i>
	(CAP) Community Action Program		
	COA Chapin Center - New London		
	Food Pantries		
	KREM - Ecumenical Ministries		
	Loaves and Fishes		
	New London Hospital		
	Newport Health Center		
	School Officials		
	ServiceLink - Concord		
	Town Welfare		
	VNA – Visiting Nurses Association		
	Warner Connects		

You have the right to withdraw your permission at any time. To withdraw permission, notify in writing your Kearsarge Neighborhood Partners Advocate.

This Authorization for Release of Personal Information shall expire one (1) year from the date of the signature appearing below unless permission is taken back sooner.

A photocopy, fax or electronic copy of this release shall be as valid as the original.

Signature

Date:

Advocate

Date:

Advocate

Date: