



**READ FIRST:** Before you decide whether or not to let **Pathfinders** share some of your confidential information with Texas Advocacy Project, an advocate at **Pathfinders** will discuss all alternatives and any potential risks and benefits that could result from sharing your confidential information. If you decide you want **Pathfinders** 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 **Pathfinders** has an obligation to keep my personal information, identifying information, and my records confidential. I also understand that I can choose to allow **Pathfinders** to release some of my personal information to certain individuals or agencies.

I, \_\_\_\_\_, authorize **Pathfinders** to share the following specific information with:  
Name

|   |  |
|---|--|
| <b>Who I want to have my information:</b> | Name: <b>Texas Advocacy Project</b><br>Specific Person(s) at Agency: <b>Melissa Gray</b> (Pro Bono Director) and <b>Intake Staff</b><br>Phone Number/Email: <b>512-733-4933 / mgray@texasadvocacyproject.org</b> |
|---|--|

**Pathfinders** may share information:  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.*

|  |  |
|--|--|
| <b>Pathfinders can share the following info:</b>     | <i>(List as specifically as possible, for example: name, dates of service, any documents).</i><br><b>Any information or documentation related to the Coerced Debt Pilot Program.</b> |
| <b>Reason for sharing the following information:</b> | <i>(List as specifically as possible, for example: to receive benefits).</i><br><b>To participate in the Coerced Debt Pilot Program.</b>   |

Please Note: Signing of this release is not intended to be, and does not constitute, a waiver of privilege. There is a risk that a limited release may trigger an additional request for more of your confidential information held by **Pathfinders**. Additionally, what happens to the information released would no longer be subject to your control or **Pathfinders'** control.

**I understand:**

That I do not have to sign a release form. I do not have to allow **Pathfinders** 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 **Pathfinders** 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 **Pathfinders**.

That **Pathfinders** and I may not be able to control what happens to my information once it has been released to Texas Advocacy Project, and that the agency or person getting my information may be required by law or practice to share it with others.

**This release expires 60 days from the date it's signed.**

**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.**

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Time: \_\_\_\_\_

Advocate: \_\_\_\_\_

|  |                      |
|--|----------------------|
| <b>I no longer give my permission to share the above personal information.</b>                                 |                      |
| Client Signature: _____  | Date: ____/____/____ |
| <b>I confirm that I still give my permission to share the above personal information until ____/____/____.</b> |                      |
| Client Signature: _____  | Date: ____/____/____ |