

FAMILY SOLUTIONS CENTER (FSC) CONSENT AND RELEASE AGREEMENT

1. I understand that provisions of law, including but not limited to Welfare & Institutions Code Section 10850, protect the identity of applicants and participants of public assistance and also protect the unauthorized release of confidential welfare information that is not directly connected to the Department of Public Social Services (DPSS).
2. I have been told that the County of Los Angeles wants to use my information to assist DPSS and other agencies to expand and coordinate services, create interagency partnerships, and to be more effective in their service delivery to my family.
3. I understand that if I sign this agreement, DPSS may share the information on my CalWORKs case with the FSC agency, to provide services to my family.
4. I voluntarily consent and authorize DPSS, its agents and employees to share the information on DPSS computer systems used to determine eligibility to DPSS programs. I understand and agree that I will receive no money or other benefits from the County of Los Angeles or any other party as a result of consenting to the release of such information.
5. I agree to release DPSS, its agents and employees from any liability whatsoever, including for injuries, damages and losses, known or unknown, resulting from sharing the information with other County Departments and FSC agencies with which the County works together as part of the FSC Program.
6. I acknowledge that before signing this consent and release agreement, I have carefully read and fully understand its terms.
7. This Consent and Release Agreement shall expire one year from the date of my signing this release form.
8. I understand that if I agree to sign this Consent and Release Agreement, which I am not required to do, I must be provided with a signed copy of the form. **I understand that signing this form is completely voluntary and that I may refuse to sign this form. I also understand that my benefits will not be penalized in any way, if I refuse to sign this form.**
9. I understand that I have the right to cancel this agreement at any time by saying so in writing. I also understand that doing this will not change or cancel any information that was shared before it was cancelled.

I _____ give permission to _____ at
 Name of Client (Print Name) Name of FSC Agency

_____ to release my information.
 FSC Agency Address

 Client's Signature Date

 Witness Signature Date

 Witness (Print Name)/Job Title