



FFACTS Clinic, Robert B Green- University Health, 903 W Martin St, San Antonio, TX 78207
 Phone Number: (210)358-3710 Fax Number: (210)358-5941

Permission to Share Information

This release of information is needed to contact other service providers for assistance in accessing a full continuum of care and quality services for the client. There may not be a need at this time to contact each agency listed, but if needs arise in the future this document will allow the sharing of information. The client should indicate those agencies they wish to be authorized to release information to for the purpose of accessing services. All agencies may be chosen by selecting "All Agencies Listed."

Agency Names

All Agencies Listed	_____	Alamo Area Resource Center (AARC)	_____	UIW Rosenberg School of Optometry	_____
Centro Med	_____	Christian Assistance Ministries	_____	Bexar Area Agency on Aging (AACOG)	_____
KIND Clinic	_____	Center for Health Care Services	_____	San Antonio AIDS Foundation (SAAF)	_____
B.E.A.T. AIDS	_____	UT San Antonio Dental School	_____	City of San Antonio Department of Human Services	_____
Lions Club	_____	I-care San Antonio	_____		
Elevate Dental	_____				
Other: _____					

This authorization is made voluntarily with fully informed consent. This consent may be revoked at any time but must be present in writing. I have read this document in full and agree to its stated purposes and procedures.

_____/_____/_____/_____ A.M/P.M
 Signature of Patient OR Legally Responsible Person Relationship to Patient Date Time

_____/_____/_____ A.M/P.M
 Witness Date Time

