



The Steven A. Cohen  
Military Family Clinic  
at Easterseals

### Consent Form for the Sharing of User Information

The Steven A. Cohen Military Family Clinic at Easterseals (SACMFC-ES) works closely with its Parent Organization Cohen Veterans Network (CVN) to coordinate and provide the best support for you and your family. As such, it is sometimes necessary to share records and client data.

This consent form authorizes SACMFC-ES to disclose any and all portions of my health record to CVN for purposes of quality assurance, programs evaluation, hosting of electronic medical records on behalf of the Clinic, and other Clinic operations. This authorization includes documents related to sensitive health conditions, including but not limited to substance abuse treatment records, behavioral health clinical records, and communications with my providers.

I acknowledge that I have read the information on this form and have received any explanations I needed to understand it.

My consent is valid for one (1) year. However, I understand that I may revoke this consent at any time by informing the Clinic and/or my Provider in writing. I understand that if I revoke this consent, it will not affect any use made prior to the receipt of my revocation.

I understand that I am free to provide or refuse consent, and should I refuse, I will still receive the treatment and/or services of the Clinic.

\_\_\_\_\_  
Client Signature (or Legally Authorized Representative)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Printed Name (or Legally Authorized Representative)

\_\_\_\_\_  
Relationship to Minor (if applicable)

\_\_\_\_\_  
Printed Minor Name

\_\_\_\_\_  
DOB of Minor

\_\_\_\_\_  
Reviewed By

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name