**Family Caregiver Support Program: *Release of Information Form***

**Caregiver’s Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone Number:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Care-Receiver’s Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This form grants permission to the Lower Savannah Family Caregiver Support Program to release or obtain information about the services we are requesting. In granting this permission, I understand that the information will remain confidential to all parties not directly involved in helping me to obtain the services I am requesting and that this information will be used only to provide support and services.

In addition, I understand that the Lower Savannah Family Caregiver Support Program is not responsible for hiring, wages, work performance, quality of care, conduct or the relationship between the caregiver and the provider of the services I request or receive. The Lower Savannah Family Caregiver Support Program does not assume any liability for acts or omissions of the caregiver or the provider of the services. I understand that by giving my consent and releasing this information, I am releasing the Lower Savannah Family Caregiver Support Program from all liability.

I certify that all information provided to the Lower Savannah Family Caregiver Support Program is correct to the best of my knowledge.

I pledge to promptly notify Lower Savannah Family Caregiver Support Program of any changes in situation, such as; major health changes, hospitalizations, change of address or phone number or change in respite provider.

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**Signature of Caregiver Date**