

# Islamic Social Services of Oregon State (ISOS)



## Release of Information Form

I, \_\_\_\_\_, give permission to Islamic Social Services of Oregon State (ISOS) and the following service agencies listed below to share and exchange information for the purpose of providing assistance to me. \_\_\_\_\_ (*initial*)

*List names of agencies below:*

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### **Exceptions.**

The only time ***Islamic Social Services of Oregon State (ISOS)*** staff would share information without my permission is when there is:

- Evidence of child or elder abuse or neglect
- A resident presenting a danger to themselves or others
- A court order requires disclosing the information

I confirm that \_\_\_\_\_ has explained the purpose of this form to me and I understand its content. My signature below indicates my consent.

Signature \_\_\_\_\_

Date \_\_\_\_\_

This contract is valid for 1 year from signature date.