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:

________________________
________________________
________________________
________________________
________________________

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.