DME EXCHANGE OF DALLAS

Recycling Durable Medical Equipment For Those In Need

I understand that DME Exchange of Dallas has an obligation to keep my personal information, identifying information, and my records confidential. I also understand that I can choose to allow DME Exchange of Dallas to release some of my personal information to certain individuals or agencies.

I, _____, authorize DME Exchange of Dallas to share the following specific information with:
name

Who I want to have my information:	

The information may be shared in person, by phone, by fax, by mail, by e-mail

What info about me will be shared:	*(List as specifically as possible, for example: name, dates of service, any documents).*
Why I want my info shared: (purpose)	*(List as specifically as possible, for example: to receive benefits).*

I understand:

- ☐ That I do not have to sign a release form. I do not have to allow DME Exchange of Dallas to share my information. Signing a release form is completely voluntary. That this release is limited to what I write above. If I would like DME Exchange of Dallas to release information about me in the future, I will need to sign another written, time-limited release.
- ☐ That releasing information about me could give another agency or person information about my location and would confirm that I have been receiving services from DME Exchange of Dallas.
- ☐ That DME Exchange of Dallas and I may not be able to control what happens to my information once it has been released to the above person or agency, and that the agency or person getting my information may be required by law or practice to share it with others.

This release expires on _____/_____/_____
Date

I understand that this release is valid when I sign it and that I may withdraw my consent to this release at any time in writing.

Signed:_____ **Date:**_____ **Witness:**_____

Reaffirmation and Extension (if additional time is necessary to meet the purpose of this release)

I confirm that this release is still valid, and I would like to extend the release until _____/_____/_____
New Date

Signed:_____ **Date:**_____ **Witness:**_____