

# Authorization to Disclose Sensitive Information Form Sample

The **Authorization to Disclose Sensitive Information Form Sample** is a crucial document that grants permission to share confidential data between authorized parties. It ensures compliance with privacy laws while protecting personal and sensitive information. This form is essential for maintaining transparency and trust in information handling processes.

## Sample Form

### Personal Information

Full Name:

Date of Birth:

Address:

### Recipient Information

Authorized Recipient (Organization/Person):

Relationship to Subject:

### Information To Be Disclosed

Type of Information:

e.g., Medical Records, Fin

Purpose of Disclosure:

e.g., Legal, Healthcare, In

### Authorization Details

I hereby authorize the release of my sensitive information as described above to the named recipient. I understand that this authorization is voluntary and may be revoked by me in writing at any time.

Expiration Date of Authorization:

Signature:

Date:

**Submit Authorization**

## Instructions

- Complete all required fields accurately.
- Review the information to be disclosed and ensure you understand the implications of signing this authorization.
- This form should be stored securely to maintain confidentiality.
- You have the right to revoke this authorization at any time in writing.

