

Release of Information/Waiving Right to Confidentiality

I, _____, understand that I may
Print Applicant Name
have a right to confidentiality of some information, gathered or obtained by the Department of Social and Health Services (DSHS), in connection with my foster care license/or employment at a license agency. This information might include criminal history, child protective services, family reconciliation services, child welfare services, and/or licensing information. Child protective services information may be “founded”, “inconclusive”, “unfounded”, “information only” or “third party” information. Licensing information may be “valid” or “invalid” or include compliance agreements. I understand that not all the information listed above is confidential and that some information may be released without my consent. I also understand that DSHS is not authorized to release confidential information about me, unless permitted by law or by me. Understanding that I have a right to confidentiality, I hereby waive that right in order to permit **Bethany Christian Services** to have access to all information as listed above. I authorize and direct the Department of Social and Health Services to provide full access to the above listed information to

Bethany Christian Services
19936 Ballinger Way NE, Ste D
Seattle, WA 98155-1223

This waiver/authorization is voluntarily signed on _____, at
date

place

Signature