



Family Service of the Chautauqua Region
332 East Fourth Street, Jamestown, NY 14701 (716) 488-1971 fax (716) 483-6878
Email: familyservice@fscr.mygbiz.com

RELEASE OF INFORMATION

Date: _____

Expiration Date: _____
12 months after inception

Employee's Name: _____

I hereby authorize Family Service of the Chautauqua Region to release and receive
Provider of Service
information regarding my participation in the Employee Assistance Program (EAP)
to:

Company: _____

I understand that this release of information gives the above designated Provider of Service permission to report pertinent information regarding my utilization of the EAP to Family Services EAP only. This information is necessary for billing/reimbursement purposes and utilization data. I also understand that I can withdraw this Consent for Release of Information at anytime.

Employee's Signature

Date

Provider's Signature

Date