Release from confidentiality

Customer

Salutation:

Last name, first name:

Address:

Date of birth:

Official responsible

Agency/person:

In accordance with Section 67b, Paragraph 2 of the Tenth Book of the German Social Code, I agree to the relevant member of staff in the above-mentioned organisation contacting and consulting with other parties on my behalf in relation to the areas listed below, taking part in any potential consultations and that my data can be saved in files and systems.
As part of the assistance provided by the agency/person designated above, under Section 69, Paragraph 1, Clause 1 of the Tenth Book of the German Social Code it is necessary to regularly exchange information about my integration into employment and social integration with the parties specified below. I therefore release my relevant contact person from the obligation of confidentiality.

Areas:

- □ Clarification of financial matters
  specifically:_____
- □ Communication with authorities here
  specifically:_____
- □ Clarification of legal matters
  specifically:_____
- □ Clarification of housing issues
  specifically:_____
- □ Communication relating to healthcare
  specifically:_____
- □ Communication with other social services organisations
  specifically:_____(Mr/Ms:_____)_____
- □ Current childcare facility/school/training provider
  specifically:_____(Mr/Ms:_____)____

I also declare that the release from confidentiality that I have granted is valid for a maximum period of six months or until the end of the assistance provided by the above-mentioned organisation.
I make this statement voluntarily. The Release from Confidentiality has been translated for me and I understand the contents. I have received a translation. My consent can be revoked at any time for the future.

Place, date	Signature of customer	Interpreter (if required)