Butler Community Developmental Disability Organization

CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

Consumer's Name:____

Date of Birth:____________________________ Social Security Number:________________________________

I HEREBY AUTHORIZE CDDO OF BUTLER COUNTY TO:

☐ Release ☐ Obtain ☐ Exchange

Name of Individual or Agency:____

Address, City, State, Zip:____

Telephone Number:____

Facsimile Number:____

THE FOLLOWING INFORMATION (Initial each item):

_______ Summary of treatment to include dates of contact, diagnosis, prognosis, care plan, and recommendations
_______ Psychiatric evaluation report
_______ Psychological evaluation report (including full scale I.Q., tests administered, diagnosis/codes, onset of conditions)
_______ Medical records (including, diagnosed developmental conditions, age of onset of conditions)
_______ Information pertaining to care and treatment
Information necessary to process the insurance/third party claim including admission and discharge dates, diagnosis, services rendered, and treatment information as requested
_______ Other – Specify:____
_______ I.E.P. / I.F.S.P. / P.C.P.
_______ BASIS

THE PURPOSE OR NEED IS TO (Initial each item):

_______ Eligibility Determination – may be re-released to chosen provider (treatment provider)
_______ Referral
_______ Service Planning
_______ Other – Specify:____

THIS CONSENT TO DISCLOSE MAY BE REVOKED BY ME AT ANY TIME UPON MY <u>WRITTEN REQUEST</u> TO THE EXTENT ACTION HAS BEEN TAKEN IN RELIANCE THEREON. THIS CONSENT (UNLESS EXPRESSLY REVOKED EARLIER) EXPIRES ON (Initial each item):

_______ Close of case at CDDO of Butler County
_______ Completion of Consultation
_______ Completion of insurance/ third party claim / follow-up
_______ ____
Specify date, event or condition upon which it will expire

Consumer Signature:____ Date:_______________

Parent/ Guardian/Legal Representative

Signature/Relationship:____ Date:_______________

Witness Signature/Title/Agency:____ Date:_______________

PLEASE FAX OR MAIL REQUESTED INFORMATION TO:
Fax: 316-440-2926 Phone: (316) 322-8777
CDDO OF BUTLER COUNTY 2101 Dearborn Suite 301 Augusta, KS 67010

The above signed acknowledges that he/she is aware that certain information that he/she is consenting to release is confidential and protected by State and Federal law. The undersigned acknowledges upon signing this consent that they are waiving their rights under these laws and that they are aware of the specific protections they are afforded or they are waiving their right to being informed of the specific provisions of these laws. Statue – 42 CFR-Part 2.