Reno County CDDO
PO Box 399 · 1300 East Avenue A
Hutchinson, KS 67504-0399
620-663-2219 · 620-663-2439 Fax
www.renocountycddo.org

AUTHORIZATION FORM

Individual whose information is being used or disclosed:

Name: _____

Address: _____ City/State/Zip: _____

Social Security #: _____ Date of Birth: _____

Agency Authorized to Disclose the information (provide the information):

Name: _____

Address: _____

City/State/Zip: _____ Phone: _____ Fax: _____

Agency Authorized to Request the information (receive the information):
Name: *Disability Planning Organization of Kansas, Inc.*
Address: *PO Box 1067*
City/State/Zip: *Salina, Kansas 67402-1067* Phone: *785-823-3173*

The information may be used or disclosed for the following purpose:
Determination of eligibility for state of Kansas funds and services for individuals with developmental disabilities.

Description of the Information to be used or disclosed:
Medical records, psychiatric records, psychological testing, and/or any assessments and evaluations associated with diagnosis of mental retardation or developmental disability and associated adaptive functioning.

I understand this authorization will expire *180 days from date signed.*

I understand that the information used or disclosed may be subject to re-disclosure by the person(s) or class of person(s) receiving it and no longer protected by the federal privacy regulations. I understand that I may revoke this authorization by notifying the Eligibility Specialist for the Kansas CDDO Coalition, in writing of my desire to revoke it. However, I understand that if I revoke this authorization, it will not have any affect on actions taken by the Kansas CDDO Coalition in reliance on this authorization (disclosures prior to my written request to revoke).

_____ _____

Signature of Individual **Date**

_____ _____

Signature of Parent and/or Legal Guardian **Date**

_____ _____

Witness Signature **Date**

*costs associated with the release of records or information are the responsibility of the applicant. All information shared as a result of this release of information is strictly confidential and will not be released to any other party without the expressed or written consent of the individual and his or her legal guardian.