



## 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: \_\_\_\_\_

**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.

