

CONSENT FOR RELEASE OF INFORMATION

The Twelve of Ohio, Inc.
5330 Heatherdowns, Suite 100
Toledo, Ohio 43614

Person's Full Name Date of Birth

Social Security Number Individual Case Number

The following agency have my permission to exchange/give/receive/share/re-disclose information regarding serviced delivery planning for the purpose of securing, coordinating, and/or providing services for the above named person (please identify the agency or individual below)

I authorize exchanging/giving/receiving/sharing/re-disclosing of the following information if needed by the receiving agency to secure, coordinate and provide services to the individual:

Circle yes or no Initial

Yes No Identifying information: name, birth date, sex, race, address and telephone number.

Yes No Social Security Number.

Yes No Case information: the above identifying information, plus medical (except for HIV, AIDS and drug/alcohol treatment records) and social history, treatments and service history, psychological evaluations, individualized education plan (IEP), individualized family service plan (IFSP), transition plans, vocational assessments, grades and attendance, and other personal information regarding the individual named above (disability, type of services being received and name of agency providing services to the individual named above). Information regarding the following shall not be released unless initialed below.

Yes No other

Yes No HIV and AIDS related diagnosis and treatment.

Yes No Substance abuse diagnosis and treatment.

Yes No Financial information: Public assistance eligibility and payment information provided for establishing eligibility including but not limited to pay stubs, W-2 and tax returns, and other financial information.

I understand that the Consent for Release of Information expires 180 days from the date it is signed unless otherwise indicated herein by the consumer. I also understand that I may cancel this Consent of Release of Information at any time by stating so in writing with the date and my signature and delivering it to

The revocation does not include any information, which has been shared between the time that it was cancelled.

I understand that my signing or refusing to sign this consent will not affect public benefits or services that I am eligible for.

This consent expires on the day of , 20 .

Signature of Person Date

Signature of Parent/Guardian Date

Witness/Agency Representative Date

Violation of Federal law and regulations by a program is a crime. Suspected violations may be reported to the United States Attorney in the district where the violation occurs.

TO ALL AGENCIES RECEIVING INFORMATION DISCLOSED AS A RESULT OF THIS SIGNED CONSENT:

1. If the record released include information of any diagnosis or treatment of drug or alcohol abuse, the following statement applies:

Information disclosed pursuant to this consent has been disclosed to you from records whose confidentiality is protected by Federal Law.

Federal regulations (42 CFR Part 2) prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose.

2. If the records released include information of an HIV-related diagnosis or test results, the following statement applies:

The information has been disclosed to you from confidential records protected from disclosure by state law. You shall make no further disclosure of this information without the specific written and informed release of the individual to whom it pertains, or an otherwise permitted by state law. A general authorization for the release of medical or other information is NOT sufficient for the purpose of the release of HIV test results or other diagnoses.

3. This information has been disclosed to you from records protected by federal and/or state confidentiality rules. Any further release of it is prohibited unless the further disclosure is expressly permitted by the person to whom it pertains, Juvenile Court/DYS in the case of youth records, or applicable federal and/or state law.