

**release of information to receive services**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth: \_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_

 (Name of Participant)

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Street Number, Post Office Box, Route Number) (City) (State) (Zip Code)

* I understand, as an applicant for West Virginia University (WVU) Center for Excellence in Disabilities (CED) services, I may be eligible to receive a range of services provided by CED, and agencies external to CED.
* The type and extent of services that I will receive will be determined following an assessment and discussion with me.
* I understand that information shared with CED staff is confidential and will not be shared without my consent.
* I have received a copy of the Notice of Privacy Practices.
* To provide or arrange service options CED may need to gather information or share information with the other agencies related to one or more of the following:

Medical information Evaluation/Assessment Reports

Coordinating services Income

Sharing information about Other, indicate specifics

status of referral

*Consent given to provide above checked and initialed item(s) to WVU Center for Excellence in Disabilities*

 (Agency/Organization/Person)

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(Agency/Organization/Person)

* I further understand that there are specific and limited exceptions to this confidentiality which includes the following:
1. When there is risk of imminent danger to myself or to another person, CED staff are legally bound to take steps necessary to prevent such danger.
2. When there is suspicion that a person, child or adult is being sexually or physically abused or is at risk of abuse, CED is legally requested to inform the proper authorities.
3. When a valid court order is issued for records, our agency, CED, is bound by law to comply.
* I also understand that a range of professionals, some of whom are in training, provide CED services. All professionals in training are supervised by licensed staff.

If I have questions regarding this consent form or services offered by WVU CED, I may discuss them further with assigned CED personnel.

I have read and understand the above, and consent to participation to services offered by WVU CED. I further understand that I may discontinue participation in CED services at any time.

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Signature of Participant or Legal Guardian Date of Consent

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Signature of Witness Date

*This consent will be renewed as the intended services are modified. Consent may be revoked at anytime upon the written request of the participant and or legal guardian except to the extent that information has already been supplied under this authorization.*