



## **INDIVIDUAL'S WAIVER OF STATUTORY CONFIDENTIALITY RIGHTS**

The undersigned Individual or guardian/representative of the Individual hereby WAIVES his/her confidentiality rights pursuant to Section 413.341, Florida Statutes, to the extent required to permit the Dogwood Disability Consulting (DDC) to release information pertaining to the Individual and/or release a copy of the Individual's records (vocational evaluation report), as defined in such statute, and/or testify thereon, and/or allow the below-referenced person or entity to discuss the Individual's case with DDC personnel. The Individual or guardian/representative wishes to designate the below-identified person or entity to receive records and information.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**By checking this box, I specifically authorize DDC to release any information from my file related to HIV/AIDS.**

**LIMITATIONS:** Individual's confidentiality will be maintained, except in instances in which there is threat of harm to self or others, evidence of abuse or neglect, or other instances in which the law requires disclosure.

**EXPIRATION:** This WAIVER will automatically expire 12 months after the date signed unless another date at a later time is specified in writing or a revocation is provided.

**NOTE:** The above WAIVER pertains solely to records generated DDC. This WAIVER shall authorize DDC to release the name(s) and address(es) of any third party(ies) who, solely as a courtesy, supplied their records to the DDC. Such information, if desired, should be requested directly from such third party(ies). See 34 CFR § 361.38 (c)(3).

Client Signature: \_\_\_\_\_

Client Printed Name: \_\_\_\_\_

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

Client Phone #: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Witness Printed Name: \_\_\_\_\_

