



# Harvey-Marion County CDDO

*Supporting increased independence, integration, inclusion, and productivity in individual homes and communities.*

## AUTHORIZATION TO DISCLOSE INFORMATION

### Harvey-Marion County CDDO

500 Main Place, Suite 204, Newton, Kansas 67114  
Phone 316-283-7997; FAX 316-283-7969

#### Individual whose information is to be disclosed:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

#### Agency authorized to disclose the information:

Name: Harvey County Special Education Coop Address: 308 E. 1<sup>st</sup> St

City/State/Zip: Newton, KS 67114 Fax: (316) 284-6589

#### Agency authorized to request and receive the information:

**Harvey-Marion County CDDO:** 500 N. Main Street, Suite #204; Newton, KS 67114;  
Phone 316-283-7997; FAX: 316-283-7969

**Purpose for which the information may be used or disclosed:** *To determine eligibility for State of Kansas services and funding for individuals with intellectual/developmental disabilities.*

**Description of the Information to be used or disclosed:** *any Individual Family Service Plan (IFSP) and related developmental screening evaluations/assessments; current Individual Education Plan (IEP) and current/most recent comprehensive evaluation, speech/language evaluation, physical and/or occupational therapy evaluation(s), adaptive physical education evaluation, behavior program if applicable.*

**Expiration Date of this authorization:** *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 Harvey-Marion County CDDO, in writing of my desire to revoke it. However, I understand that if I revoke the authorization, it will not have any effect on actions taken by the Harvey-Marion County CDDO in reliance on this authorization (disclosures prior to my written request to revoke).*

\_\_\_\_\_  
Signature of Individual

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Legal Representative / Relationship to Individual

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Witness if Individual Signs by Mark & has no Legal Representative

\_\_\_\_\_  
Date Signed

### Harvey-Marion County Community Developmental Disability Organization

500 N. Main; Suite 204 • Newton, KS 67114 • Phone: 316-283-7997 • Fax: 316-283-7969