

AUTHORIZATION TO DISCLOSE INFORMATION – IEP/EVALS

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 of Special Ed Cooperative: Sedgwick Co. Area Educational Services Interlocal Coop #618

Address: 620 Industrial Road, P.O. Box 760

City/State/Zip: Goddard, KS 67052 Phone: 316-794-8641 Fax: 316-794-2439

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 affect 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