

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: Date of Birth:	
Agency authorized to disclose the information:	
Name: Wesley Pediatric Specialists (Dr. Kerschen) Address: 3243 East Murdock St Ste 500 City/State/Zip: Wichita, KS 67208 Fax: 316-962-2079	
Agency authorized to request and receive the information: Harvey-Marion County CDDO: 500 N. Main Street, Suite #204; Newton, KS 671 Phone 316-283-7997; FAX: 316-283-7969	14;
Purpose for which the information may be used or disclosed: To determine eligible funding for individuals with intellectual/developmental disabilities.	bility for State of Kansas services and
Description of the Information to be used or disclosed: <i>Medical records, psychiat and/or any assessments and evaluations associated with diagnosis of intellectual a condition(s) and associated adaptive functioning.</i>	
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) of protected by the federal privacy regulations. I understand that I may revoke this authorization by not writing of my desire to revoke it. However, I understand that if I revoke the authorization, it will not I Marion County CDDO in reliance on this authorization (disclosures prior to my written request to revo	ifying the Harvey-Marion County CDDO, in nave any effect on actions taken by the Harvey
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 Disabi	ity Organization
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