

AUTHORIZATION FOR RELEASE OF INFORMATION

RE: _____

Name _____

Social Security Number _____

Parent or Guardian's Name _____

Date of Birth _____

Address _____

City _____

State _____

Zip _____

I hereby authorize and request **Access to Independence @ 301 S. Livingston St., Suite 200, Madison, WI 53703** to

_____ RELEASE TO _____ OBTAIN FROM (check one or both)

AGENCY/INDIVIDUAL: _____

ADDRESS: _____

THE FOLLOWING SPECIFIC INFORMATION:

Specific Information to be released **BY**:
Access to Independence, Inc:

Specific information to be released **TO**:
Access to Independence, Inc:

- ___ Benefits analysis/summary
- ___ Intake/Initial Assessment
- ___ ISP/narrative/IL Plan
- ___ Documentation of Disability
- ___ Case Notes
- ___ Recommendations
- ___ Coordination of Services
- ___ Other: _____

- ___ SSI/SSDI information
- ___ Social History
- ___ Alcohol/Drug Assessment
- ___ Discharge Summary
- ___ Diagnosis & Treatment
- ___ Progress Notes/Reports
- ___ Recommendations
- ___ Work Record
- ___ School Records
- ___ Legal Information
- ___ Coordination of Services
- ___ Other: _____

Specific Dates: _____
Information to be released in: ___ Verbal ___ Written
___ Electronic

Specific Dates: _____
Information to be released in:
___ Verbal ___ Written form
___ Electronic

THE PURPOSE OF NEED FOR THIS DISCLOSURE IS:

(Check those that apply)

- () Documentation of Disability
- () Coordination of Services
- () Other (Please specify) _____
- () Legal
- () Benefits Counseling

(OVER)

Expiration Date: This authorization is good until the following: completion of active services; the following date _____; **or** one year from the date signed; unless a written notice of revocation is submitted. I understand that this Authorization will remain in effect until the term of this Authorization expires or I provide written notices of revocation to Access to Independence. The revocation will be effective immediately upon Access to Independence's receipt of my written notice, except that the revocation will not have any effect on any action taken by Access to Independence in reliance on the Authorization before Access to Independence received my written notice of revocation.

A person has the right of access to records. Copies of the records may be obtained with reasonable notice without charge to the consumer.

Consumer Signature: _____

Date: _____

(Other Authorized Signature***)

(DATE)

***Legally authorized because consumer is: ___ Minor; ___ Incompetent;
___ Unable to sign due to disability; ___ Legal Authority;
___ Legal Guardian/Representative ___ Spouse

All persons signing for release of records instead of the consumer must state their relationship to the consumer and must have available proof of legal authority prior to the release of the records.

Note to Recipient of Information: This information has been disclosed to you from confidential records, which are protected by Federal Register "42 C.F. R. Part II", "45 C.F.R. parts 160-164", Wis. Stats 51.30; Wis. Stats 146.38; Wis. Stats 146.81 (2); and Chapter HFS 92 of the Wisconsin Administrative Code. Unless you have further authorization, laws may prohibit you from making any further disclosure of this information without specific written consent of the consumer or their legal representative.

Right to Refuse to Sign this Authorization: I understand that I may refuse to sign or may revoke (at any time) this Authorization for any reason and that such refusal or revocation will not affect the commencement, continuation, or quality of services I receive through Access to Independence, Inc.

Right to receive a copy of the Authorization – I understand that if I agree to sign this Authorization, which I am not required to do, I must be provided with a signed copy of the form.

I understand that once Access to Independence discloses my information to the recipient, Access to Independence cannot guarantee that the recipient will not redisclose my information to a third party. The third party may not be required to abide by this authorization or applicable Federal and State law governing the use and disclosure of my information.

Contact Information:

Access to Independence
301 S. Livingston St., Suite 200
Madison, WI 53703
608 242-8484 voice, 800-362-9877
608 787-1114 fax, 608 787-1148 TTY
e-mail: info@accesstoind.org