

# LAKE COUNTY BOARD OF DD/DEEPWOOD

8121 Deepwood Blvd.

Mentor, Ohio 44060

PH (440) 350-5100 FAX (440) 350-5290

## AUTHORIZATION TO REQUEST AND/OR RELEASE INFORMATION

\_\_\_\_\_  
(Name of Source/ Recipient)

\_\_\_\_\_  
Address)

\_\_\_\_\_  
(Phone number)

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

DOB \_\_\_\_\_

SS# \_\_\_\_\_

(ONLY IF REQUIRED)

The above named individual is enrolled in or has been referred to this agency for service. Below, please find a signed authorization to release/request confidential information to/from you and LCBDD/DEEPWOOD, \_\_\_\_\_ (specify department/employee).

Medical Information

	<u>Request</u>		<u>Release</u>	
	Yes	No	Yes	No
Medical Information/Reports	_____	_____	_____	_____
Physical Examination	_____	_____	_____	_____
Laboratory Reports	_____	_____	_____	_____
Diagnostic Reports	_____	_____	_____	_____
Evaluations by OT/PT	_____	_____	_____	_____
Evaluations by Speech	_____	_____	_____	_____
Other (specify) _____	_____	_____	_____	_____

Program Information

	<u>Request</u>		<u>Release</u>	
	Yes	No	Yes	No
Psychological Evaluations	_____	_____	_____	_____
Social History	_____	_____	_____	_____
IFSP/IEP/IHP/ISP	_____	_____	_____	_____
Other (specify) _____	_____	_____	_____	_____

I, (name) \_\_\_\_\_, (relationship) \_\_\_\_\_ authorize the above noted agencies/individuals to release/obtain the noted information for the purpose of:

- ( ) Determination of eligibility for service/funding
- ( ) Development or implementation of program/service plan
- ( ) Compliance with Federal, State, and Local regulations
- ( ) Other (specify) \_\_\_\_\_

**This consent is valid for six months from the date signed unless otherwise here noted.** Expiration: \_\_\_\_\_ I understand that I may revoke this consent at any time except to the extent that prior action has been taken based on this authorization and that the above mentioned individual has the right to inspect and maintain a copy of the information to be disclosed for his/her use.

\_\_\_\_\_  
Signature (Individual/ Parent/Legal Guardian)

Date: \_\_\_\_\_

\_\_\_\_\_  
(Witness)

Date: \_\_\_\_\_