
RELEASE OF INFORMATION

Information to be Released From/To Ability Unlimited(AU): All documents related to participants Medicaid, EPSDT, Waiver eligibility, Doctor or Therapist Evaluations, Assistive Technology or Environmental Modification Quotes.

Purpose: To facilitated participant's DME, Assistive Technology and/or Environmental Modification Services.

Recipient's Name

Submission ID

This consent is good until the agreement between participant and AU becomes null. I can withdraw this consent at any time by notifying an agent of AU. AU will notify the listed agencies that my consnt has been withdrawn which will stop the agencies from sharing information. I have the right to know what information about me has been shared and why, when, and with whom it was shared. Unless prohibited by law or regulation. Each agency will show me this information, if requested. I would like all of the listed agencies/individuals to accept a copy of this form as a valid consent to share information. I want to share additonal information received and/or included in my records after this consent is signed.

I also authorize AU to communicate using the e-mail & phone listed below. I understand that this communication may be more vulnerable than fax or hard copy documentation, but will not hold AU for any incidental disclosures and also understand that AU will not supply this information to other agencies without express written consent.

To initialize a complaint regarding misuse of my information, I should contact the representative, at AU, at (800) 511-9471.

Contact's Email Address

Contact's Phone Number

Agencies or Providers we may need to contact;

- Primary Care Doctor Therapist (SLP, OT, PT, ABA, etc) Audiologist or other Specialty Doctor
- Local Community Service Board (CSB) Case Manager Managed Care Organization
- Support/Care Coordinator Department of Behavioral Health Services (DBHDS)
- Local Health Department or Dept. of Social Services DARS

CONSENT

Print Signatory's Full Name

**Release
Authorized by:
(Sign below)**

Date

