

Release of Information to Receive WVU CED Services

Participant Information

Name: _____ Date of Birth: _____ Phone: _____
(Name of Participant)

Address: _____
(Street Number, Post Office Box, Route Number)

(City) (State) (Zip Code)

Agency Information

Agency Name:

Agency Address:

Information Requested

Medical information Evaluation/Assessment Reports

Case notes (note specific) Demographics

Other: Please indicate specifics here: _____

Sharing information about status of referral. State who would provide this information: _____

Participant Consent Points

Participant and/or Representative should initial each statement to document you have been informed of these points.

_____ I understand, as an applicant for West Virginia University Center for Excellence in Disabilities (WVU CED) services, I may be eligible to receive a range of services provided by WVU CED, and agencies external to WVU CED.

_____ The type and extent of services that I will receive will be determined following an assessment and discussion with me.

_____ I understand that information shared with WVU CED staff is confidential and will not be shared without my consent.

_____ I have received a copy of the Notice of Privacy Practices.

_____ To provide or arrange service options WVU CED may need to gather information or share information with the other agencies related to those areas noted above (checked boxes).

_____ I further understand that there are specific and limited exceptions to this confidentiality which includes the following:

_____ When there is risk of imminent danger to myself or to another person, WVU CED staff are legally bound to take steps necessary to prevent such danger.

_____ When there is suspicion that a person, child or adult is being sexually or physically abused or is at risk of abuse, WVU CED is legally requested to inform the proper authorities.

_____ When a valid court order is issued for records, our agency, WVU CED, is bound by law to comply.

_____ I also understand that a range of professionals, some of whom are in training, provide WVU CED services. All professionals in training are supervised by licensed staff.

_____ If I have questions regarding this consent form or services offered by WVU CED, I may discuss them further with assigned personnel.

_____ I have read and understand the above, and consent to participation to services offered by WVU CED. I further understand that I may discontinue participation in these services at any time.

By signing this form, you give the WVU CED consent to seek the specific information noted in this document from the specific provider in order to better provide services.

_____	_____
Signature of Minor (7-17 years of age)	Date of Consent
_____	_____
Signature of Participant or Legal Guardian	Date of Consent
_____	_____
Signature of Witness	Date of Consent

*This consent will be activated immediately and end on the **one-year anniversary** of the date of consent. The consent should be renewed as the intended type of information services are modified. Consent may be revoked at any time upon the written request of the participant and or legal guardian except to the extent that information has already been supplied under this authorization.*