

**RELEASE OF WVU CED INFORMATION TO EXTERNAL AGENCY**

**The following participant:**

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

Date of Birth: \_\_\_\_\_

**Has given permission to the** \_\_\_\_\_ **program/clinic at the West Virginia University Center for Excellence in Disabilities (WVU CED)**

**To release the following information:**

Description of service information       Evaluation/Assessment Reports

Case notes (note specific)       Demographics

Other: Please indicate specifics here: \_\_\_\_\_

Sharing information about status of referral.

**To the following individual and/or agency:** \_\_\_\_\_

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Address, City, State and Zip of Agency

**Participant Consent Points**

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

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

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

\_\_\_\_\_ I understand that there are specific exceptions to this confidentiality which includes the following:

\_\_\_\_\_ When there is risk of imminent danger to me 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.

By signing this form, you give the WVU CED consent to seek the specific information noted in this document from the specific provider 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 release of information form will be **valid for one year from date of signature** unless otherwise specified. Consent may be revoked at any time upon the written request of the participant or legal guardian except to the extent that information has already been supplied under this release.*