



Jackson County 930 W. 8 th Street Medford, OR 97501 (541) 864-1673 Fax (541) 864-1676	Josephine County 930 W. 8 th Street Medford, OR 97501 (541) 864-1673 Fax (541) 864-1676
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Authorization to Release Confidential Information

Individual's Name _____

Date of Birth _____

I hereby authorize **Creative Supports, Inc** to:

___ Release Information to:

___ Receive Information from:

Individual or Organization Name: _____

Address: _____

Phone Number: _____

Extent and nature of information to be disclosed:

<u>Yes</u>	<u>No</u>		<u>Yes</u>	<u>No</u>	
___	___	Academic Records/Progress	___	___	Individual Support/Service Plans
___	___	Assessments	___	___	Legal Information/Court Records
___	___	Benefit Information	___	___	Medications/Medical Reports
___	___	Eligibility Determination	___	___	Progress Evaluations/Notes
___	___	Employee Info./Records	___	___	Psychiatric/Psychological Evals.
___	___	Financial Information	___	___	Rec. Services/Support Records
___	___	Guardianship Status/Info.	___	___	Residential Services/Records
___	___	Housing Status/Info.	___	___	Vocational Services/Records
___	___	Individual Service Budget	___	___	Other: _____

Purpose for this disclosure: ___ Support Planning

___ Other: _____

I understand that I may revoke this release of confidential information at any time.

This authorization expires: _____

Signature of Individual/Legal Guardian

Date

Signature of Witness

Date

To the Recipients of Confidential Information:

The information that has been disclosed to you from this authorization is protected by Federal (Title 42 of the Code of Federal Regulations) and Oregon State (ORS 179.505) laws and regulations. Any re-disclosure by you must be authorized by written consent of the person to whom it pertains, or in accordance with the federal and state laws and regulations.