



## Madison County Board of Developmental Disabilities

500 Elm Street London, OH 43140

Offices: (740) 852-7050, Fax: (740) 852-7051

### Authorization for Use or Disclosure of Protected Health and Confidential Information

#### (Intake and Eligibility)

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

DOB: \_\_\_\_\_

I hereby authorize \_\_\_\_\_ to disclose/release records relating to education, medical treatment, specific diagnosis, and any assessments which may facilitate the process of determining their eligibility for services through the Madison County Board of Developmental Disabilities.

- This information may be used and/or disclosed to all County Board staff and/or to independent providers providing direct services to the individual and to County Board sponsored committees including BSRC and HRC as necessary.
- The information may be disclosed via written, verbal, audio, video, electronic and or photographic means.

*All matters relating to this individual which are privileged and confidential by law will be treated as such by the personnel/entities. The information specified above shall be released only among the stated personnel/entities unless otherwise required by law or by direction of the court. I understand that I have the right to revoke this authorization at any time by sending or delivering written notification to the Madison County Board of Developmental Disabilities. I understand that a revocation is not effective to the extent that the board has already acted on the authorization. I understand that once this authorization is acted upon, the receiving party may be under no legal obligation to maintain the confidentiality of health information and could in turn disclose it to one or more other parties. By Federal Law, the Madison County Board of Developmental Disabilities shall not condition the provision or health care services on whether I sign this document, except as outlined in Board Policy.*

**This authorization shall expire on the date of the next annual ISP meeting held for this individual or for a period not to exceed 365 days from its signing.**

\_\_\_\_\_  
Individual

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian (If Applicable)

\_\_\_\_\_  
Witness