

Authorization for Release of Information

I, _____, hereby authorize TARC Inc. to disclose information to, obtain information from, and exchange information with:

- | | |
|--|---|
| <input type="checkbox"/> CDDO | <input type="checkbox"/> Case Manager _____ |
| <input type="checkbox"/> Kansas Rehabilitation Services | <input type="checkbox"/> Current Provider _____ |
| <input type="checkbox"/> Social Security | <input type="checkbox"/> MCO _____ |
| <input type="checkbox"/> Ks Department for Children & Families | <input type="checkbox"/> Medical _____ |
| <input type="checkbox"/> KDADS | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> KDHE | _____ |
| <input type="checkbox"/> BCI Access Authorization | _____ |
| <input type="checkbox"/> Local Education Agency, USD _____ | _____ |
| <input type="checkbox"/> CSP _____ | _____ |
| <input type="checkbox"/> CSP _____ | _____ |
| <input type="checkbox"/> CSP _____ | _____ |

Regarding: _____ DOB: _____ SS#: _____

The information to be disclosed, obtained or exchanged is:

- | | |
|---|--|
| <input type="checkbox"/> Referral Information | <input type="checkbox"/> Services Rendered |
| <input type="checkbox"/> Psychological | <input type="checkbox"/> Home Placement |
| <input type="checkbox"/> Release of Medical Records | <input type="checkbox"/> Education Records |
| <input type="checkbox"/> Individualized Family Services | <input type="checkbox"/> Training Wages |
| <input type="checkbox"/> Evaluation/Assessment | <input type="checkbox"/> Social History |
| <input type="checkbox"/> Progress Reports | |
| <input type="checkbox"/> Other (Specify) _____ | |

Such information can be: Written Verbal Electronic (Check all that apply)

For purposes of TARC program and/or inclusion in TARC Marketing Materials, the following permission is given (PLEASE select one response):

- Pictures, Video/Audiotape – NO PICTURES, NO NAME**
 Pictures, Video/Audiotape – Pictures permitted, NO NAME Identification
 Pictures, Video/Audiotape – Pictures permitted, First Name Identification Only

The purpose of this disclosure is for providing services through TARC, Inc., and TARC Industries. TARC shall respect the privacy of individuals served and hold in confidence all information obtained in the course of professional services. Employees of TARC will employ a Code of Ethics to assure a professional attitude, which upholds confidentiality toward the individuals and their families.

This consent shall remain in effective for **12 months** from the date signed unless revoked and/or changed below. I understand that I may revoke this request in writing at any time except for action already taken. Revocation should be made in writing to: TARC, Inc. 2701 S W Randolph Ave, Topeka, KS. 66611 or TARC Industries, 1800 SW 42nd St, Topeka, KS. 66609.

This consent authorizes a copy be considered as valid as the original.

 Person Supported

 Date

 Parent/Guardian/Representative

 Date

 Case Manager/Program Coordinator

 Date