HCBS PROVIDER CONSENT TO REQUEST OR RELEASE CONSUMER RECORDS/INFORMATION

HCBS Provider, Inc is hereby authorized to:
( ) obtain or (x) release, copies of the records of:

Name: ______________________ **D.O.B.** ______________________

Base Service ______________________ **S.S.#** ______________________

The records/information are to be obtained from: ______________________

The records/information are to be released to:
HCBS Provider, Inc Staff Member: ______________________

The records/information to be ( ) obtained and/or (x) released are:
ISP Document

Purpose of Release: Match appropriate staff and train staff on ISP per ODP requirements.

I understand that this request will remain valid (not to exceed 1 year) from the date written below until_ unless further noted by me of revocation. I understand that I may revoke this authorization (except to the extent that action has been taken prior to the revocation) at any time by written notification to HCBS Provider, Inc., 1467 Hark A Way Road, Chester Springs, PA 19425

I understand that I may review my records prior to their release by making an appointment with Jennifer Shaffer and I further understand the nature of this release.

I wish to review and inspect the records prior to release:______Yes______No

Signature of Parents/Guardians: ______________________ Date: __________
Signature of Consumer age 14 or older: ______________________ Date: __________
Signature of Requesting party: ______________________ Date: __________
Relationship to Consumer: ______________________ Date: __________

The signature of two (2) witnesses is needed if the client, age 14 or older, is physically unable to sign but, has given his/her verbal consent.

______________________ and ______________________
Signature of Witness Signature of Witness

____
Dated:

Confidential

This information has been disclosed to you from records whose confidentiality is protected by State Law. State regulations limit your right to make further disclosure of this information without prior written consent of the person to whom it pertains. The information is for Professional Use Only and no copies may be made.