



AUTHORIZATION FOR RELEASE OF INFORMATION (DDPAS-7)

PAS Agency Name: _____

Date Consent Expires: _____

Individual Name: _____
(Last, First, Middle Initial)

Social Security Number: _____

I authorize _____

to release the following relevant information:

for the purpose of _____

to _____ (person or agency) _____ (address, city and state).

I (individual/legal guardian) understand that I may revoke this consent at any time and that the above-named person or agency authorized to receive this information has the right to inspect and copy the information disclosed.

It has been explained to me that if I refuse to consent to this Release of Information, the PAS agency will not be able to perform the required assessments, which means the PAS agency may not be able to identify my service needs and provide appropriate linkage to direct services.

(Signature of individual/legal guardian)

(Relationship*)

(Date)

(Signature of Witness)

(Date)

*The Release of Information form shall be signed by the person entitled to give consent and the signature shall be witnessed by a person who can attest to the identity of the person so entitled. If not the individual's signature, the PAS agency must indicate the legal relationship to the individual and the legal basis on which the consent is given for that individual.



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INSTRUCTIONS FOR COMPLETING DDPAS-7

PAS AGENCY: Enter the name of the PAS agency.

EXPIRATION DATE: Enter the date (mm/dd/yyyy) for which the release of information form will expire.

NAME: Enter the legal name (last, first, and middle initial) of the individual.

SOCIAL SECURITY #: Enter the individual's 9 digit Social Security number.

NATURE/PURPOSE OF INFORMATION TO BE RELEASED: Only information relevant to the purpose for which disclosure is sought may be disclosed. Blanket consent to the disclosure of unspecified information shall not be valid. Advance consent may be valid only if the nature of the information to be disclosed is specified in detail and the duration of the consent is indicated. No person or agency to whom any information is disclosed under this Section may redisclose such information unless the person who consented to the disclosure specifically consents to such redisclosure.

CONSENT REVOKED: Consent may be revoked in writing and signed by the person who gave the consent at any time. The signature shall be witnessed by a person who can attest to the identity of the person so entitled. Any such revocation shall have no effect on disclosures made prior thereto. Furthermore, no written revocation of consent shall be effective to prevent disclosure of records and communications until it is received by the person otherwise authorized to disclose records and communications.

SIGNATURE: The consent form shall be signed by the person entitled to give consent and the signature shall be witnessed by a person who can attest to the identity of the person so entitled. If not the individual's signature, the PAS agency must indicate the legal relationship to the individual and the legal basis on which the consent is given for the individual. Supporting documentation regarding the authorized person's "legal relationship to the individual" or "legal basis" must be present in the individual's record. NOTE: If the individual has a legal guardian, the legal guardian must sign this document. If the individual is an adult and does not have a total legal guardian of person, the individual must sign. If the individual is between the ages of 12-17, the individual must sign the form him/herself unless he or she has a legal guardian. Beware that some individuals may have a partial guardian who may or may not have the authority to sign this form.

DATE CONSENT FORM SIGNED: Enter the date (mm/dd/yyyy) for which the consent form is signed.