New Beginnings Enterprises, Inc. CDDO
Community Developmental Disability Organization
1001 Wilson ~ P.O. Box 344~Neodesha, KS 66757
620.325.3333 ~ Fax 620.325.3899

Individual's Name: _____

Date of Birth: _____ Social Security Number: _____

I HEREBY AUTHORIZE NEW BEGINNINGS CDDO TO:
_____ Release To or _____Obtain From (Individual or Legal representative initial appropriate blank)

Name of Person or Agency: _____

Address, City, State, Zip:_____

Telephone: _____ Facsimile: _____

THE FOLLOWING INFORMATION: (Individual or Legal representative initial appropriate blank)

____ Summary of treatment to include dates of contact, diagnosis, prognosis, care plan and recommendations.
____ Psychiatric evaluation report.
____ Medical records.
____ Information pertaining to care and treatment.
____ Three year evaluation.
____ Individual Education Plan.
____ Eligibility Information to include EDI.
____ Other- Specify:_____

THE PURPOSE OR NEED IS TO:

____ Assist the person (s) or organization to whom disclosure is being made in their provision of services.
____ Obtain information important in the evaluation and treatment individual and to provide information to the person(s) or organization to whom the disclosure is being made in order to assist them in their understanding of the individual.
____ Other- Specify:_____

THIS CONSENT TO DISCLOSURE MAY BE REVOKED BY ME AT ANY TIME UPON MY WRITTEN REQUEST TO THE EXTENT ACTION HAS BEEN TAKEN IN RELIANCE THEREON. THIS CONSENT (UNLESS EXPRESSLY REVOKED EARLIER) EXPIRES ON: (Individual or Legal representative initial appropriate blank)

____ Close of case at New Beginnings Enterprises, Inc. CDDO.
____ Completion of consultation.
____ Completion of insurance/ third party claims /follow-up.
____ Other- Specify:_____

(Specify date, event, or condition upon which it will expire)

Individual signature:_____ Date: _____

Parent/ Guardian/ Legal representative
signature /relationship:_____ Date:_____

Witness signature:_____ Date: _____

The above signed acknowledges that he/she is aware that certain information that he/she is consenting to release is confidential and protected by state and federal law. The undersigned acknowledges upon signing this consent that they are waiving their rights under these laws and that they are aware of the specific protections they are afforded or they are waiving their right to being informed of the specific provisions of these laws. Statute -42 CFR-Part 2.