Virginia Department for the Blind and Vision Impaired

Authorization for the Release of Personal Information

Authorization to (*Name and address*)

Mail to (*Custodian of Information*)

FAX:

Client Full Name _____ **Birth Date** _____

Address _____

SSN (*optional*) _____

I authorize the following information (*Specify, i.e. "criminal record," "current year school record," etc.*):

_____

Be released to my Virginia Department for the Blind and Vision Impaired Vocational Rehabilitation (VR) counselor, or successor ☐

Be released to the following entity(ies) or individual(s), or successor ☐ (*Name, Title, Org.*) _____

By the following means (*Check all that apply*):

Written ☐ Orally ☐ Electronically ☐

Virginia Department for the Blind and Vision Impaired

This consent includes information placed in my records after the signature date: Yes ☐ No ☐

I understand that my records are protected under federal and state confidentiality laws and regulations and cannot be disclosed without my written consent unless otherwise provided for in law or regulations. I understand that **this consent does not cover the release of protected health information or drug/ alcohol diagnosis or treatment information**. I understand that if I am 18 years or older and am not under a legal guardianship, my parents/guardians cannot have access to my case information, discuss my case, or make decisions regarding my case without my written consent. I understand that I may revoke this authorization at any time, except to the extent that action has already been taken in reliance of a signed form.

Signature _____

Date _____

Date or condition upon which this consent expires _____

Relationship to consumer: Self ☐ Custodial Parent ☐

Legal Guardian ☐ Power of Attorney ☐

Witness (*Print*) _____

Sign _____ Date _____

Witness is only required for consumer who is legally competent but unable to sign due to disability.

Virginia Department for the Blind and Vision Impaired

For DBVI Use When Consent is Revoked

Consent has been: Revoked in entirely ☐ Partially revoked as follows ☐ (*Specify below*):

_____

Date revocation received: _____

By: Letter ☐ (*Attach copy*) Phone ☐ In Person ☐

Received by (*Name*) _____

Title _____

Office Name _____

Phone _____ Fax _____

Complete and send a copy to the entities listed on this consent form as notification of revoked consent