

Blue Ridge Opportunities Consent to Exchange Information

Completion of this form permits the exchange of information between Agencies and Agents to effectively provide and or coordinate services, programs and/or benefits.

I, _____, do hereby authorize the exchange of confidential
(Name of consenting individual)
information to be exchanged from _____ for the purpose(s) of:
_____ Service Coordination and Treatment Planning
_____ Eligibility Determination
_____ Assessment/Evaluation

The following Agencies/Agents are able to exchange my information orally, written, and/or computer generated data:

_____ Northwestern CSB	_____ VA Dept. of Behavioral Health & Developmental Services
_____ Rappahannock-Rapidan CSB	_____ Wall Residences
_____ Loudoun County CSB	_____ Community Alternatives VA (ResCare)
_____ Prince William County CSB	_____ Grafton Integrated Health Network
_____ Department of Social Services	_____ SVCR
_____ Parents/Guardians	_____ Other: _____
_____ Legal Authorized Representatives	
_____ Department of Rehabilitative Services	_____ Other: _____
_____ Social Security Administration	
_____ Warren County Public Schools	
_____ DMAS	

The following confidential information may be shared:

_____ Assessment Information	_____ Benefits/Services Needed, Planned and/or Received
_____ Financial Information	_____ Criminal Justice Records
_____ Medical Diagnosis	_____ Employment Records
_____ Medical reports	_____ Mental Health Diagnosis
_____ Psychological Records	_____ Other: _____
_____ Educational records	_____ Other: _____

I can withdraw this consent or any portion at any time by notifying the appropriate Agency(s)/Agent(s). Upon notification, those notified will cease disclosing my confidential information immediately. I have the right at any time to know what information has been disclosed, why, when, to whom, and for what purpose. All Agencies/Agents will respond upon request. All Agencies/Agents will accept a copy of this form as a valid consent to disclose information as determined.

Signature: _____ Date: _____
(Consenting Person)

Signature: _____ Date: _____
(Parent/Guardian/Authorized Representative)

Witness: _____ Date: _____