

**CDS AUTHORIZATION FOR RELEASE
OF CONFIDENTIAL INFORMATION**

I, _____, authorize
(Please Print Full Legal Name of Participant)

(Name of Person or Organization Making Disclosures)

to receive from and to disclose to:

(Name of Person or Organization to Which Disclosure is Made)

The following information:

(Nature of the Information, as Limited as Possible)

The purpose of the disclosure authorized herein is to facilitate and coordinate the full delivery of services and/or to:

(Purpose of Disclosure, as Specific as Possible)

I understand that information concerning participation in CDS services is protected under Federal and State regulations governing confidentiality and release of information. Services provided by CDS and my participant chart cannot be disclosed without my written consent, unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time, except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows:

(Specify the Date, Event, or Condition Upon Which this Consent Expires.)

Participant Signature Date

Parent/ Legal Guardian or Authorized Representative Signature, when required Date

Witness Signature Date