INLAND REGIONAL CENTER

SERVING PEOPLE WITH DEVELOPMENTAL DISABILITIES

674 Brier Dr., San Bernardino, CA 92408
Mailing: P.O Box 6127, San Bernardino, CA 92412-6127
Telephone: (909) 890-3000
FAX : (909) 890-3001

Authorization to **Release** Confidential/Protected Health Information

Consumer ______________________ Date of Birth ______________ UCI Number ______________

I ______________________ authorize Inland Regional Center to release the following records:

Specify the Type/Date of Records: ______________________

To: ______________________

Address: ______________________

City, State, Zip Code: ______________________

Telephone Number: ______________________

1. This Release is for the purpose of planning services and benefits for individuals with developmental disabilities. Completion of this document authorizes the release and/or use of confidential/protected health information and will not affect decisions about services provided by Inland Regional Center.

2. This release shall remain valid from date of signature until revoked in writing by the consumer or the consumer's parent, guardian or conservator, or court appointed representative.

3. I understand that the IRC party may not further use or disclose the medical information unless another authorization is obtained from me or unless such use or disclosure is specifically required or permitted by law.

I hereby consent to release of those records indicated above. I agree a copy or fax of this form shall be valid as the original.

______________________ ______________________

Legally Authorized Signature Date

If someone other than consumer is giving written consent, indicate relationship to consumer:
*Parent **Guardian **Conservator **Court Appointed Representative **Written Proof Required*

The person giving signature to this authorization to disclose records has the right to receive a copy of this authorization.

______________________ **Date:** ______________

Consumer signature (if over 18 years of age)

Parent/Legal Guardian ______________________ **Date:** ______________

<u>Confidential Consumer Information</u>
Inland Counties Regional Center, Inc.
See California Welfare & Institution Code, Section 4514

IRCR 202 A (03-26-09)