



The disAbility Resource Center
of the Rappahannock Area, Inc.
409 Progress Street, Fredericksburg, VA 22401-3337
540-373-2559 (Voice) 540-373-5890 (TTY/VP)
1-800-648-6324 (Voice or Relay) 540-373-8126 (Fax)
Website: www.cildrc.org

Confidentiality Statement/Release of Information

All information concerning recipients of service from the disAbility Resource Center is confidential without exception. This includes information contained in a case record, meeting minutes, written correspondence, verbal conversation or any other communication. Information may be disclosed if the recipient signs a release of information.

The purpose of this form is to authorize dRC Staff to share and release information on _____, dRC consumer, to other service providers who may provide services that will assist this individual in accomplishing his or her goals. Information may be provided to or discussed with the disAbility Resource Center (dRC) and other service providers as indicated below (check each box that applies):

<input checked="" type="checkbox"/>	Dept. of Rehabilitative Services	X	School District:
<input type="checkbox"/>	Dept. of Medical Assistance Services		
<input type="checkbox"/>	VDDHH		
<input type="checkbox"/>			

This information may be mailed or faxed to: The disAbility Resource Center
409 Progress St, Fredericksburg, VA 22401
Fax: 540-373-8126

Condition(s) upon which the release of information expires: _____
(If none put N/A)

I understand that permission to release information may be revoked by me at any time prior to the actual release of information.

Expiration date for release of information: _____
(If none put N/A)

Please initial your response:

_____ I give permission to dRC to use my name and situation in meetings with others service providers to explore available services that may benefit me and/or my situation.

_____ I do not give dRC permission to use my name, or situation in meetings with other services providers.

_____ I may give permission to dRC to use my name and or photograph in presentations or other publicity if I am notified I advance of the event and have the opportunity to decline.

Signature: _____ Date: _____