Center for People With Disabilities

Overcoming barriers to independent living

AUTHORIZATION TO EXCHANGE CONSUMER INFORMATION

I authorize the Center for People with Disabilities (CPWD) to share information and to exchange individual information that is specific to me. This permission applies to CPWD staff and agents and may include protected health information, photocopies, fax copies, notes, audio, video, electronic, and verbal communication. Information disclosed under this authorization will no longer be protected to the CPWD privacy policy.

Specifically, I authorize this exchange of information with:

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I certify that this authorization to exchange and release information is made voluntarily. I understand that I may revoke this authorization by giving written notice to CPWD and that any information requested prior to my revoking this authorization shall not be a breach of my right to confidentiality.

Furthermore, I release CPWD from liabilities that may result from furnishing this information.

Without my written revocation, this Authorization will expire:______________
(date xx/xx/xxxx)

Name: _______________________________ Date of Birth ____________
(please print)

Signature: ____________________________ Date: _________________

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Boulder, CO 80301
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Fx: (303) 442-0502

Longmont
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Longmont, CO 80501
Ph: (303) 772-3250
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Broomfield
26 Garden Center, Suite 1
Broomfield, CO 80020
Ph: (720) 308-7705
Fx: (303) 469-3546

North Metro
10317 Washington Street
Thornton, CO 80229
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