



Center for People with Disabilities

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(303) 442-0502 fax

615 North Main Street

Longmont, CO 80501

(303) 772-5125 fax

AUTHORIZATION TO EXCHANGE CONSUMER INFORMATION

I authorize the Center for People with Disabilities, located at 1675 Range Street Boulder and 615 North Main Street, Longmont Colorado, to share personal 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:

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 the Center for People with Disabilities and that any information requested prior to my revoking this authorization shall not be a breach of my right to confidentiality.

Furthermore, I release the Center for People with Disabilities from liabilities that may result from furnishing this information.

A copy of this authorization may be used with the same effectiveness as an original.

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

Name: _____ Date of Birth: _____
(please print) (date xx/xx/xxxx)

Signature: _____ Date: _____
(signature) (date xx/xx/xxxx)

Overcoming barriers to independent living