

Maryland State Department of Education
Division of Rehabilitation Services
Consent to Release Confidential Information

Name: _____

Participant ID: _____

I request and authorize the Division of Rehabilitation Services to release certain confidential information from my record to:

Name: _____

Organization: _____

Address Line 1: _____

Address Line 2: _____

Phone: _____

Fax: _____

Email: _____

Purpose of the disclosure:

☐ Ongoing communication to assist in planning and delivery of vocational rehabilitation (VR) services and/or Pre-Employment Transition Services (Pre-ETS)

☐ Other: _____

Confidential Information to be released:

☐ Psychological Evaluation

☐ Medical Reports

☐ Vocational Evaluation

☐ Employment Information for Verification Purposes

☐ Other: _____

This consent, unless revoked by me in writing is (check one):

☐ Valid for 45 days from the date of signature; or

☐ Expires on (date): _____.

I have read and/or have had explained to me the above information and understand it.

Signature of Individual Requesting Information Release (or Representative) & Date

Signature of DORS Staff Authorized to Release Information & Date

Notice Regarding Further Disclosure of Information

This information has been disclosed to you from records whose confidentiality is protected by federal and state law. Federal regulations prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains or as otherwise permitted by such regulations. A general authorization for the release of information is NOT sufficient for this purpose.

Medical, psychological or other information which may be harmful to the individual may not be disclosed directly to the individual but must be provided to a third party chosen by the individual unless a representative has been appointed by a court to represent the individual, in which case the information must be released to the court-appointed representative.

Information about individuals who are minors, i.e., under 18 years of age, which relates to or reveals substance abuse diagnosis or treatment may not be released to the individual's representative, including a parent or guardian, without the explicit written consent of the individual, in accordance with federal alcohol and drug abuse confidentiality regulations, 42 CFR §2.

The information should be managed in a manner to protect confidentiality and to protect against unauthorized disclosure. Anyone who willfully and knowingly discloses or uses confidential information in violation of the law may be liable to the individual for actual and punitive damages, attorneys' fees, and litigation costs, and may also be subject to criminal penalties (see State Government Article, §§10-626 and 10-627, Annotated Code of Maryland).