

Developmental Disabilities Resource Board

Client Information Release

In addition to agency funding, the DDRB also provides funding for several community programs. The following Client Information Release policy provides valuable information as to the need for accessing client files.

Please note that the form in this section includes the watermark, "DO NOT SUBMIT". **This form will require submission by the service provider, DDRB Case Manager or Regional Office Service Coordinator.**

**Developmental Disabilities Resource Board
Client Information Release Form**

Policy Origination: October 2006
Policy Effective July 1, 2007

The Developmental Disabilities Resource Board of St. Charles County (DDRB) is a Senate Bill 40 Board that enables St. Charles County voters to tax themselves to pay for services for people with certain disabilities. The DDRB provides funding for the programs and services you receive from **NAME OF AGENCY**.

The DDRB periodically reviews individual files/records to assure compliance with agency outcomes, eligibility and quality assurance. This is notice to you that as a funding entity the DDRB will have access to your information on file with **AGENCY** for the purpose of planning and review.

The information reviewed/obtained by the DDRB may be released to a professional consultant contracted by the DDRB for the purpose of general data collection to identify trends in the service delivery. Personal identifiable data will not be released to any other party. The DDRB maintains its client information in accordance with the Health Insurance Portability and Accountability Act (HIPAA). The DDRB does not sell or share it's customer information with other entities except as noted above.

By signing this document, you give permission for **AGENCY** to share information with the DDRB to help with better continuity of the supports you receive.

I agree to **AGENCY** sharing information regarding my records with the Developmental Disabilities Resource Board of St. Charles County. I understand that refusal to sign this document will forfeit my ability to receive funds from the DDRB.

This release is valid for one year from date of signature.

Printed Name of Service Recipient

Date

Signature of Service Recipient

Date

Signature of Parent/Guardian

Date

Signature of Agency Representative

Date