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Dipåtamenton Programa Para I Maninutet
Government of Guam



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CONSENT TO RELEASE AND RECIEVE INFORMATION AUTHORIZATION FORM

In order to formulate a Comprehensive Assessment or an Individual Service Plan, it is imperative that the Division of Support Services (DSS), of the Department of Integrated Services for Individuals with Disabilities (DISID) should have complete access to all relevant information regarding the client. This Release of Information Authorization Form will allow DISID to obtain all necessary information and documents from both Government and Non-Government entities that are involved with the client. Further, this authorization will allow DISID to release information regarding the client to all relevant Government and Non-Government entities that may be able to provide appropriate services and assistance for the client. All information obtained or released will be treated with confidentiality and will only be used by persons authorized by DISID and DSS.

I, _____ / _____ hereby
Name of Client **Name of Legal Guardian (If Applicable)**

Authorize the Division of Support Services (DSS), of the Department of Integrated Services for Individuals with disabilities (DISID) to obtain and/or release information from all concerned Government and Non-Government entities for the purpose of completing or developing and Individualized Service Plan.

I understand that all documents and information will be protected with the utmost confidentiality and used only by those involved in determining the appropriate needs and services as assessed and/or in the Individual Service Plan.

Print Name of Client

Signature of Client

Date

Print Name of Legal Guardian

Signature of Legal Guardian

Date

Print Name of DSS Social Worker

Signature of DSS Social Worker

Date