

Hartwood Foundation, Inc.
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=====We're Opening a lot of Doors=====

Consent to Exchange Information

I understand that different agencies provide different services and benefits. Each agency must have specific information in order to provide service and benefits. By signing this form, I am allowing agencies to exchange certain information so it is easier for them to work together effectively to provide or coordinate these services or benefits.

I, _____, give consent for the following agencies

- | | | |
|--|--|--|
| <input type="checkbox"/> CSB | <input type="checkbox"/> OP CO | <input type="checkbox"/> Woodburn MHC |
| <input type="checkbox"/> Didlake | <input type="checkbox"/> ServiceSource | <input type="checkbox"/> Mt. Vernon MHC |
| <input type="checkbox"/> Etron | <input type="checkbox"/> SOC | <input type="checkbox"/> Physician (Dr. _____) |
| <input type="checkbox"/> ICON | <input type="checkbox"/> CFS | <input type="checkbox"/> Physician (Dr. _____) |
| <input type="checkbox"/> JDI | <input type="checkbox"/> MVLE | <input type="checkbox"/> INOVA Health Systems |
| <input type="checkbox"/> DRS | <input type="checkbox"/> HUD | <input type="checkbox"/> OTHER: _____ |
| <input type="checkbox"/> DMAS | <input type="checkbox"/> DBHDS | <input type="checkbox"/> OTHER: _____ |
| <input type="checkbox"/> Soc. Security Admin | <input type="checkbox"/> Dept. Health and Human Svc. | |

to exchange information pertaining to the habilitation needs for _____, while receiving services in Hartwood Foundation's residential program.

This release of information exchange will expire on _____. I understand that I can revoke this release at any time in writing.

Signature: _____ Date: _____

Witness: _____ Date: _____