



Consent to Obtain and Release Information

Client Name	ID#
Address	Parent/Guardian
Date of Birth	Address

I authorize DHS or _____ County and the following individuals or agencies to share written and oral information about my needs and the services I receive:

Name/Agency

DHS or County Worker

Name
Address
Phone

The information released or shared may include:

Evaluation/Assessment
Educational assessment
Family and social data

Agency participation, plans, and progress reporting
Physical status (including vision, hearing, nutrition, communication skills, cognitive skills, and photographs)

Other (note exception or limits to this release)

Authorizing signature	Date	Relationship to client	Expiration date
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A photocopy of this signed authorization shall have the same force and effect as this original.

Policy Regarding Discrimination, Harassment, Affirmative Action and Equal Employment Opportunity

It is the policy of the Iowa Department of Human Services (DHS) to provide equal treatment in employment and provision of services to applicants, employees and clients without regard to race, color, national origin, sex, sexual orientation, gender identity, religion, age, disability, political belief or veteran status.

If you feel DHS has discriminated against or harassed you, please send a letter detailing your complaint to:

Iowa Department of Human Services, Office of Human Resources, Hoover Building – 1st Floor, 1305 E. Walnut, Des Moines IA 50319-0114; fax (515) 281-4243 or via e-mail stopit@dhs.state.ia.us