IOWA Health and Human Services

Consent to Obtain and Release Information

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

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

Name/Agency

_____

_____

_____

_____

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HHS or County Worker Name	Address Phone

The information released or shared may include:

Evaluation/Assessment	**Agency participation, plans, and progress reporting**
Educational assessment	**Physical status** (including vision, hearing, nutrition, communication
Family and social data	skills, cognitive skills, and photographs)

Other (note exception or limits to this)

Authorizing signature	Date	Relationship to client	Expiration date

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 Health and Human Services (HHS) 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, religion, age, disability, political belief or veteran status.

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

Iowa Department of Health and Human Services, 321 E 12th Street, Des Moines IA 50319 or via email FDHS@hhs.iowa.gov