



Consent to Obtain and Release Information

Table with 2 columns: 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

HHS 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)

Table with 4 columns: 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, gender identity, 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, Bureau of Human Resources, Hoover Building –
1st Floor, 1305 E Walnut, Des Moines IA 50319-0114 or via email contactdhs@dhs.state.ia.us