State of Kansas
Department for Children and Families
Prevention and Protection Services

PPM 10210
REV 10/12

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION
ADULT PROTECTIVE SERVICES

Last Name First Middle	/ / Date of Birth
Maiden Name or Other Names Known By	- - Social Security Number

I (we) _____ authorize the following information to be disclosed as indicated below:

Information to be released FROM:	**Information to be released TO:**
___ The Department for Children and Families (DCF)	___ The Department for Children and Families (DCF)
___ School District USD #: _____	___ School District USD #: _____
___ Medical practitioner, clinic, center or facility: _____	___ Medical practitioner, clinic, center or facility: _____
___ Mental health practitioner, clinic, center or facility _____	___ Mental health practitioner, clinic, center or facility: _____
___ Social Service agency or provider: _____	___ Social Service agency or provider: _____
___ Attorney/Law Enforcement	___ Attorney/Law Enforcement
___ Financial Institutions	___ Financial Institutions
___ Other _____	___ Other _____

Information to be released: _____

_____

_____

_____

_____

The purpose or reason for the release is to facilitate a thorough Adult Protection Service investigation and/or coordinate community resources as appropriate:

_____

_____

_____

_____

Read before signing: I understand that the information which I have authorized to be disclosed will be used for the purpose(s) stated. I acknowledge that it is my responsibility to be aware of any rights of confidentiality which I may have regarding the information which I am releasing and that by signing this consent I am waiving my rights, if any, to confidentiality for purposes which I have approved. I understand that my records are protected, and cannot be disclosed without my written consent unless otherwise provided in K.S.A. 39-1434(b). This consent may be revoked in writing at any time prior to any action which has been taken in reliance upon it. This consent will expire within 120 days unless otherwise provided.

_____ _____

Date Signature of Consenting Party

_____ _____

Witness (If Person Unable to Sign) Expiration Date (Prior to 120 days)

_____

Signature of Parent, Guardian or Authorized Representative When Required

(This form supersedes Form ES-1003 REV 7/02)

Department for Children
and Families

Prevention and
Protection Services

Strong Families Make a Strong Kansas