



**RELEASE OF INFORMATION TO ANOTHER PARTY**

Individual: \_\_\_\_\_ Program: \_\_\_\_\_

My signature below verifies that I authorize Chariton Valley Association, Inc. (CVA) to release information to the individual(s) or provider(s) listed

\_\_\_\_\_  
\_\_\_\_\_.

The information that I authorize is circled as follows:

- Medical/Health
- Financial
- Annual Plan Objectives
- Diagnoses
- Physician Orders related to Service Provided by CVA

This information shall be released for the following dates:

\_\_\_\_\_ To \_\_\_\_\_  
(Month, day and year) (Month, day and year)

This information shall only be released by the Chief Executive Officer, Director of Administrations, Program Director, Professional Manager or ILSD Supervisor.

\_\_\_\_\_  
Individual or Parent/Guardian Date

Chariton Valley Association, Inc.  
1905 South High Street  
Kirksville, MO 63501  
(660) 665-1111  
(660) 665-1409