Authorization for Release of Medical/Psychological Records

(Must be completed by applicant, <u>Not Physician</u>)

This form is to be completed by <u>you</u>, the applicant, and not by your physician, psychiatrist, or other health care professional. A separate form may be sent to him/her to confirm the information you have provided.

NOTE: Disability verification by a qualified professional **does NOT guarantee eligibility, but it can play a major role in the eligibility determination process**. While verification by a physician is NOT required, it is important that any professional that verifies another individual's disability be familiar not only with that person's particular disability, but with an individual's ability or inability to travel on Metro's regular bus system. This information is confidential and will NOT be shared with any other person or agency, with the possible exception of another transit provider or transportation program to facilitate travel in those areas.

NOTE: Only the following professionals are authorized to verify your disability:
Licensed Physician, Psychiatrist, Physical Therapist (PT), Occupational Therapist (OTR), Certified Rehabilitation Counselor (CRC), and Orientation and Mobility Specialist (O&M).

Release of Medical/Psychological Records

I hereby authorize the following healthcare provider(s) and its physicians, employees and agents to release or disclose to River Valley Metro Mass Transit District and its representatives all of my medical records for the determination of my eligibility for Metro Plus paratransit services.

Name of Professional: _____

Agency: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax #:_____

Name of Professional: _____

Agency: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____

Name of Professional: _____

Agency: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____

APPLICANT INFORMATION

NAME (PRINT): _____

SIGNATURE: _____ DATE: _____

PARENT OR LEGAL GUARDIAN INFORMATION *

NAME (PRINT): _____

SIGNATURE: _____ DATE: _____

*Applicant signature or Parent/Legal Guardian signature is required.