



DIVISION OF FAMILY AND CHILDREN SERVICES

Name of Primary and Secondary Applicant

Primary Applicant Date of Birth

Secondary Applicant Date of Birth

IF AVAILABLE:

GA SCORE ID Number used by Requesting Agency

GA SCORE ID Number used by Releasing Agency

**INTER-AGENCY TRANSFER AUTHORIZATION FOR RELEASE OF INFORMATION**

I hereby request and authorize:

(Name of Agency Holding Information)

(Address)

Release to:

(Name of Agency Holding Information)

(Address)

The following types of information from my records:

- Prior Service Reference
- Pre-Service Training Cert.
- Proof of CPR/FA Certification
- RBWO Waivers
- Home Study Assessment
- Most Recent Re-evaluation
- Annual Training Verification
- Policy Violations
- Corrective Action Plans

For the purpose of: **INTER-AGENCY AND INTER-COUNTY TRANSFERS**

*I understand that the federal Privacy Rule ("HIPAA") does not protect the privacy of information if re-disclosed, and therefore request that all information obtained from this person or agency be held strictly confidential and not be further released by the recipient. I further understand that my eligibility for benefits, treatment or payment is not conditioned upon my provision of this authorization. I intend this document to be a valid authorization conforming to all requirements of the Privacy Rule and understand that my authorization will remain in effect for: (PLEASE CHECK ONE)*

- ninety (90) days unless I specify an earlier expiration date here: \_\_\_\_\_
- one (1) year
- the period necessary to complete all transactions on matters related to services provided to me.

I understand that unless otherwise limited by state or federal regulation, and except to the extent that action has been taken based upon it, I may withdraw this authorization at any time.

(Signature of witness)

(Date)

(Signature of Primary Caregiver)

(Date)

(Title or Relationship to Individual)

(Signature of Secondary Caregiver)

(Date)

**USE THIS SPACE ONLY IF AUTHORIZATION IS WITHDRAWN**

(Date this authorization is revoked by individual)

(Signature of individual or legally authorized representative)