

**Release of Information**  
**Example**

**AUTHORIZATION PERTAINING TO NYSED ACCES**

By signing this form, you authorize (name of ILC) to allow the review of your consumer file and protected health information by the New York State Education Department's Office of Adult Career and Continuing Education Services ("ACCES," formerly VESID).

As an Independent Living Center (ILC), our agency receives funding from NYSED ACCES. NYSED ACCES has the obligation to monitor that our services meet certain eligibility criteria and standards pursuant to state and Federal law. The information reviewed will only be used for the purposes, set forth below, and will only be used and shared by authorized ACCES staff.

You have a right to decline this authorization. Your services, the payment for your services, and your health care benefits will not be affected if you choose to decline. If you sign this form, you will have the right to revoke it at any time, except to the extent that the Independent Living program has already taken action based upon your authorization. To revoke this authorization, please write to the Program Manager of the Independent Living program in which you participate.

**Consumer Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**USE AND DISCLOSURE COVERED BY THIS AUTHORIZATION**

*We understand that information about you and your health is personal, and we are committed to protecting the privacy of that information. A representative of (name of ILC) must answer these questions completely before providing this authorization form to you. **DO NOT SIGN A BLANK FORM.***

Please Check for Authorization or Declination:

\_\_\_\_\_ I hereby **authorize (name of ILC)** and/or its Representatives:

\_\_\_\_\_ I **decline to give authorization** to **(name of ILC)** and/or its Representatives:

To submit my file for **REVIEW ONLY** by the agency, individual, or employer identified below:

Name/Title or Organization: NYSED ACCES  
Address: 89 Washington Avenue, EBA, Room 580, Albany, NY 12234  
Phone: (518) 474-2925  
Fax: (518) 473-6073

**What information will be reviewed?**

The following information:

Entire contents within your file for the purpose of monitoring, by NYSED ACCES, of (name of ILC's) compliance with the eligibility requirements for ILCs and compliance with the CIL (Centers for Independent Living) Standards, including the following: Date of Birth; Gender; Race/Ethnicity (if provided); Employment and Education status; County where you reside; Veteran status and Disability information. Required documents, such as Consumer Rights and Responsibilities, Consumer Grievance, Individual Authorizations (Consents) and Documentation of Services will also be reviewed.

\* *Please note: Information within your file will only be reviewed and no contents of your file shall be removed, nor will any copies be made, for this NYSED ACCES review.*

**What is the purpose of this review?**

Monitoring, by NYSED ACCES, of (name of ILC's) compliance with the eligibility requirements for ILCs and compliance with the CIL (Centers for Independent Living) Standards as identified above.

**When will this authorization expire?**

This authorization shall remain in effect for one year beyond the date it is signed unless you revoke it in writing.

**SIGNATURE**

*I have read this form and all of my questions about this form have been answered.*

\_\_\_\_\_  
Signature of Consumer or Authorized Representative

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Description of Authorized Representative's Authority (Legal Guardian, etc.)