

# Individual Career Advancement Network

## Authorization to Release Information

Participant name \_\_\_\_\_ Last 4 digits of SSN \_\_\_\_\_  
Head of household name \_\_\_\_\_ Last 4 digits of SSN \_\_\_\_\_  
Phone/email contact information \_\_\_\_\_  
Name of legal representative (if applicable) \_\_\_\_\_

The Individual Career Advancement Network (ICAN) hosts a multidisciplinary team that provides training, education, and support services for people who are overcoming obstacles to employment. The team is made up of professionals who provide services to assist the participant to improve his or her earning capacity.

**I, or my legal representative, give permission for the ICAN team members and the following service providers (check all that apply):**

**ICAN Team Members:**

Vermont Department of Labor	Economic Services Division
VABIR	Department of Corrections
Vermont Adult Learning	Vocational Rehabilitation
Vocational Rehabilitation- Employee Assistance Program	Vermont Technical College

Southeastern Vermont Community Action (SEVCA) – Micro Business Development and Ready for Work  
Capstone Community Action – Micro Business Development  
Community Kitchen Academy – Vermont Foodbank, Capstone Community Action, CVOEO/Feeding Chittenden

**Community Providers**

Primary Healthcare Provider: \_\_\_\_\_  
Mental Health/Substance Abuse Provider: \_\_\_\_\_  
Housing Assistance Provider: \_\_\_\_\_  
Probation and Parole Officer: \_\_\_\_\_  
Restorative Justice: \_\_\_\_\_  
Adult Basic Education: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Agency of Human Services Field Director: \_\_\_\_\_  
Transportation Provider: \_\_\_\_\_  
Community Action (please identify program): \_\_\_\_\_  
Other: \_\_\_\_\_

**To communicate with and disclose to one another the following information (check all that apply):**

- Information pertaining to your participation in ICAN including employment plan
- Information pertaining to support services
- Relevant information concerning my physical or mental health
- Drug and alcohol treatment record

# Individual Career Advancement Network

## Authorization to Release Information

**The purpose(s) of the disclosures authorized is (check all that apply):**

To determine services necessary for me

To coordinate services across all ICAN team members

To transfer my records to the ICAN team in a new location

To consult with professionals associated with the ICAN team in my region when needed

Other: \_\_\_\_\_

**By signing this form, I understand:**

- The reason(s) I am being asked to release information.
- I do not have to agree to the release of information. However, by not giving authorization, I may not be able to participate in the services available through ICAN.
- If I choose not to sign this form any Economic Services Division benefits for which I or my family are entitled will not be affected.
- While VDOL takes every precaution to protect my health information, once it is disclosed pursuant to this authorization, it may be subject to re-disclosure.
- My alcohol and drug treatment records are protected under 42 C.F.R. Part 2 and cannot be disclosed or re-disclosed without my express written consent or as allowed by the regulation.
- By signing this form, I authorize the initial disclosure of my drug and alcohol treatment records, if applicable, as well as re-disclosure of such information. A general authorization for the release of medical or other information is not sufficient for this purpose. I may revoke this authorization at any time by contacting my employment coordinator at VDOL.
- If I do not revoke or update this authorization, it will be in effect as long as I am receiving ICAN services.
- I will be provided a copy of this form.
- All items on this form and my questions about this form have been answered.

Participant signature \_\_\_\_\_

Date \_\_\_\_\_

Legal representative signature (if applicable) \_\_\_\_\_

Date \_\_\_\_\_

Name of person explaining authorization process \_\_\_\_\_

Organization/position \_\_\_\_\_

Date \_\_\_\_\_

**Copy:**

Original: Participant

Vermont Job Link

Referring Partner