Consent for Release of Information

Resident Name: _____
First Middle Maiden Last

Social Security Number: _____ Date of Birth: _____

Consent for Service Coordinator to Disclose Information

I authorize the Service Coordinator at _____ to **disclose** the following information _____

To the following person or organization _____

The purpose of this disclosure is to _____

Consent for Service Coordinator to Receive Information

The Service Coordinator at _____ is authorized to receive information pertaining to benefits or services provided to me by the following person or organization_____
_____

This information will be used to _____

This authorization will remain in effect for one year, and expires on _____

I understand that the use of this information is strictly confidential and that it may only be shared with those agencies and/or individuals who have a need to know such information as required by law, or as provided in this Release.

I also understand that I have the right to revoke this consent at any time without negative consequences being imposed on me by the service coordinator or management.

Resident Name Printed: _____

Resident Signature: _____ Date:_____

Service Coordinator Signature: _____ Date:_____

I, _____, revoke this authorization of confidential information.

Resident Signature: _____ Date:_____