



Consent for the Release of Information

Name of Participant

Date of Birth

I authorize Consumer Directions to:

Give Information To and/or Get Information From

Name of Agency or Individual: _____

This release applies to information and exchanges relating to:

Participant Plan

Other:

Participant Budget

Spending Report/Utilization

This information is required to:

Coordinate Services

Transfer between Provider
Agencies

State and Federal privacy laws protect my records. I am aware of the following:

- Why I am being asked for this information
- I do not have to consent to this authorization, but it may affect my benefits or services if I do not give my consent
- That generally, I must give my written consent for this person/agency to give out this information, but if I do not consent, the information will not be shared/released unless the law otherwise allows it
- I may stop this authorization with written notice at any time, but that this written notice will not affect information the agency has already shared/requested
- A photocopy of this authorization shall be as valid as an original
- The person or agency who gets my information may be able to pass it on to others. Information released under this authorization may no longer be protected under State and Federal privacy laws and may be subject to re-disclosure

This authorization ends one year from the date I sign it, unless the law allows for a longer period.

Signature of Individual Authorizing Release

Date

Signature of Consumer Directions Representative

Date