

# Villages

## Inter-Agency/Inter-Departmental Release of Information

I authorize Villages, Ltd to release and receive the information indicated to the agency or persons listed below for purposes of service coordination, continuity of care and case management.

### This authorization pertains to:

(Please print) \_\_\_\_\_  
Participant Name Date of Birth

### Information to be released to and/or from:

Name of agency or person	Address/Telephone

### Information to be released:

All pertinent oral and written information and documents related to my residency and participation in the aforementioned program. This would include, but not be limited to: Criminal background, credit history, landlord and professional references, case management goals and notes, health history, income verification and financial documents.

Authorization: I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization that I must do so in writing and present my written revocation to the releasing facility. I understand the revocation will not apply to information that has already been released in response to my authorization. This release is effective until \_\_\_\_\_, or until I revoke this authorization in writing. A photocopy of this release is as effective as the original.

\_\_\_\_\_  
Participant Signature Date

\_\_\_\_\_  
Staff Signature Date

I hereby revoke this consent to Release /Authorization for Information.

\_\_\_\_\_  
Participate Signature Date