



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/Contact Person/Program	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

