

iLIFE Consent for the Release of Confidential Information

Consumer Name: _____

Name of person to which disclosure is authorized: _____

Full address of recipient of disclosure: _____

Phone number of recipient of disclosure: _____

Phrase or four-digit code to be supplied for disclosure: _____

Information authorized for disclosure (check all that apply):

The Attendants' pay rates, hours and payment amounts

The Consumer's budget details, including pay rates and services

All details regarding relevant Consumer-directed services from NC Independent Living

Other (please explain the information to be released in detail): _____

The Consumer acknowledges that he or she may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows:

Upon termination from receiving Consumer-directed services from NC Independent Living

Upon termination of the relationship with the person to which the disclosure is to be made

Other (please explain the action in detail with applicable dates): _____

Consumer Signature: _____ Date: _____

Signature of person signing form if not Consumer: _____

Describe authority to sign on behalf of Consumer: _____ Date: _____