



Fiscal Agent Consent for the Release of Confidential Information

- Instructions:** 1. Complete, sign and date this form.
2. Return form using contact information listed at bottom.

I, (print Employer/Client name) _____,
authorize iLIFE, LLC Fiscal Agent to disclose to (print name of person to which disclosure is to be made)
_____ the following information:

- My Employee's pay rates, hours and payment amounts
- My budget details, including pay rates and services
- All details regarding my Employer/Client-directed services from iLIFE, LLC Fiscal Agent
- Other information as described in detail: _____

I understand that I 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 my termination from receiving Employer/Client-directed services from iLIFE, LLC Fiscal Agent
- Upon the termination of the relationship with the person to which the disclosure is to be made
- Upon other circumstances as described in detail: _____

Employer/Client Signature: _____ Date: _____

If not Employer/Client signing, authorized 3rd party signature:

Case Manager Signature: _____ Date: _____

Guardian Signature: _____ Date: _____