

iLIFE Consent for the Release of Confidential Information

I, (print name of Consumer) _____

authorize iLIFE to disclose to

(print name of person to which disclosure is to be made) _____

the following information:

- My Attendants' pay rates, hours and payment amounts
- My budget details, including pay rates and services
- All details regarding my Consumer-directed services from NC Independent Living
- Other (please explain the information to be released 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 Consumer-directed services from NC Independent Living
- Upon the 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: _____