



Choice. With Confidence.

iLIFE Consent for Release of Information Instructions

Purpose of form: The iLIFE Consent for the Release of Confidential Information is used if the Consumer would like to have his or her information released to a person other than his or her guardian or Power of Attorney. Without this form, iLIFE cannot release the Consumer's information to anyone other than the Consumer, the Consumer's Guardian or the Consumer's Power of Attorney.

Instructions

1. Write the Consumer's name.
2. Write the name of the person you want to receive the Consumer's information.
3. Check what information is to be released. If Other, write what information you would like released.
4. Optional: If you want the consent to expire automatically, check which actions will terminate the consent. If Other, write which actions will terminate the consent automatically.
5. The Consumer signs his or her name. Write today's date.
6. If the Consumer is not signing, other authorized person signs her or her name.
7. The authorized person writes why he or she is authorized to sign (such as legal Guardian, Power of Attorney, etc.). Write today's date.

Sample iLIFE Consent for the Release of Confidential Information

I, (print name of Consumer) John Doe 1. Write Consumer name.

authorize iLIFE to disclose to
(print name of person to which disclosure is to be made) Jane Doe 2. Write name of person to receive information.

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): _____

3. Check information to be released. If Other, write what information is to be released.

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

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

4. Optional: If consent to expire automatically, check which actions terminate the consent. If Other, write which actions terminate the consent.

Consumer Signature: John Doe 5. Consumer signs and dates. Date: MM/DD/YYYY

Signature of person signing form if not Consumer: _____

Describe authority to sign on behalf of Consumer: Legal Guardian Date: MM/DD/YYYY

6. If Consumer not signing, authorized person signs.

7. Authorized person writes authorization and date.