

Representative Payee
Release to Obtain and Disclose Information



Printed Client Name

Date Revoked: _____

Client Signature

Personal:

I authorize Compass of Carolina to obtain and disclose pertinent information from my records to/from:

Name Phone # Relationship

Name Phone # Relationship

Name Phone Relationship

Emergency Contact:

I authorize Compass of Carolina to contact the following individuals with any emergency situations that may arise:

Name Phone # Relationship

Name Phone # Relationship

Medical Groups, Social Agencies, & Financial Institutions:

I authorize Compass of Carolina to obtain and disclose pertinent information about my record to/from any relevant medical group, social agency, or financial institution.

I authorize the release of information for/through:

As long as Compass of Carolina serves as my Representative Payee

90 days

The specific date of _____

I understand that my records are protected under federal confidentiality regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I understand that I may revoke this consent at any time, provided that action has not been taken in reliance upon this authorization. The nature of this consent form has been explained to me and I understand its contents. I agree with all terms stated above by provided my signature or mark below.

Client Signature Date