

Fiscal Agent Services Release of Confidential Information

Information for:

Client Name:	
Address:	
Phone Number:	

Authorized Individuals/Agencies:

- | | |
|---|--|
| <input type="checkbox"/> Peaceful Living, LLC | <input type="checkbox"/> Pierce County |
| <input type="checkbox"/> St. Croix County | <input type="checkbox"/> Polk County |

Authorization to release: I authorize the above-named agencies to release to each other information pertinent to the Fiscal Agent in order to receive services.

Understanding of Consent: This authorization for consent to release will be utilized for information to the date of the signature until services are rendered or until the release is revoked by me in writing. I understand the above and I have been offered a copy of this form.

Signatures of Authorization:

Date:

Client:	
Responsible Party:	
Peaceful Living Representative:	

