



CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

I, _____ authorize _____
To release information to the following agencies:

(Each agency should be listed, and individual needs to initial each category that applies)

_____ Money Follows the Person (MFP)

_____ Program of All-Inclusive Care for the Elderly (PACE)

_____ Regional Long Term Care Ombudsman

_____ Community Alternative Programs for the Elderly (CAP/DA)

_____ Personal Care Services (PCS)

_____ Nursing Home where I currently reside

_____ Other

The purpose of these disclosures is to: allow the LCA Consultant to share information discussed during the LCA Interview.

I understand that, except for action already taken in reliance on this consent, I may revoke this consent at any time.

If I do not revoke this consent, it expires automatically upon my discharge from _____

Date Signed

Resident Signature

_____ Individual has received a copy of this consent form for his/her records.