



Authorization to Release Information

I, _____, *authorize all parties named below to share*
(Print Consumer/Legal Representative)

information related to the following PICS client: _____.

Unless restrictions are indicated below, I allow Partners in Community Supports (PICS) to release any requested information to the following individuals/entities and authorize those entities to release any requested information to Partners in Community Supports (PICS) staff:

Authorized Representatives and/or Department of Human Services staff (required): _____

Representatives of my other service providers (name all clearly): _____

Family Members/Friends (name each): _____

Other Parties (name each): _____

I understand that by signing below, I authorize the above named individuals/entities to release requested information to Partners in Community Supports (PICS) staff and vice versa. I understand that I may update this form at any time by contacting PICS.

(Consumer/Authorized Representative)

(Date)

(PICS Representative)

(Date)