



## RELEASE OF INFORMATION

As the participant, authorized representative or conservator I give my consent to disclose protected information for the purpose of treatment and/or financial assistance.

**Participant Name:** \_\_\_\_\_ **Start Date:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

As the Participant, Authorized Representative or Conservator I, on behalf of the aforementioned participant, authorize K&Y Community Base Service Day Services to do the following:

**PLEASE CIRCLE YOUR CHOICE(S):**

1. K&Y COMMUNITY BASE SERVICE **may** release the participant's information to authorized physicians.
2. K&Y COMMUNITY BASE SERVICE **may** release the participant's information to authorized providers for possible financial assistance.

**As the Participant, Authorized Representative  
or Conservator:**

**Signature:**

**Date:**