



Authorization to Release Information

I, _____, authorize all parties named below to share information related to the following PICS Participant: _____.

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:

Lead Agency Representatives and/or Department of Human Services staff (required)

2nd Representative (include phone number): _____

Support Planner: _____

Previous FMS Provider: _____

Providers of Other Services: _____

Family Members/Friends: _____

Other Parties: _____

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 the authorization remains valid until an updated form is submitted to PICS, which can be done at any time.

Participant/Representative Signature

Date

PICS Representative Signature

Date