Penbay YMCA

Authorization for Release of Information

I, _____, DOB ___/___/___ hereby authorize the staff of the Penbay YMCA to obtain and release, as needed, information that is pertinent to the coordination of available services and resources.

Address _____

Phone Number_____ Email _____

Household members:

Name _____DOB ___/___/___

Name _____DOB ___/___/___

Name _____DOB ___/___/___

Name _____ DOB ___/___/___

Name _____ DOB ___/___/___

This Release will include any of the following items that are checked:

___Financial Information
___Medical Information
___Progress Notes
___Utility Information
___Mental Health Information
___Housing Information
___Family History
___Treatment Plans
___Current/Previous Employment
___Other_____

If you would like us to coordinate with any specific people such as your family members, case managers, medical providers, etc., please write their names here:

_____

_____

I authorize the above information to be released to or obtained from:

Heather Devita Community Navigator
Hdevita@PenbayYMCA.org 207-886-4340
Penbay YMCA 116 Union Street
PO Box 840 Rockport, Maine 04856

~including but not limited to partner agencies, service providers, and organizations involved in my care or support.

I understand that the information shared under this release may be confidential in nature. I may revoke this authorization at any time by notifying Heather Devita in person, by phone, mail, or email.

_____ _____
Adult Signature Date

_____ _____
Adult Signature Date

_____ _____
Adult Signature Date

.....

If you wish to **revoke** this Authorization to Release Information, please sign below:

Client Signature_____ Date_____

This authorization expires on ___/___/___ (not to exceed one year).