



Release of Information Authorization

Client Name: _____ **Social Security Number:** XXX-XX-

I authorize B&B Payee Services to request and or disclose my financial information to:

Organization / Individual: _____

Address: _____

City & State: _____

Zip Code: _____

I understand that authorizing the request/disclosure of information in my records is voluntary, and that my services will not be affected if I choose not to sign this form.

I understand that any release/disclosure of information carries with it the potential for unauthorized re-disclosure and the information may not be protected by Federal Confidentiality Laws. Authorized re-disclosure may be made as allowed by law.

This authorization, except for action already taken, can be revoked at any time by written notice to B&B Payee Services.

Client Signature & Date

Parent/Guardian/Representative Signature & Date

Witness Signature & Date

Witness Signature & Date