

MABM Senior Services

Release of Information

Purpose

I allow MABM Senior Services to share or receive information only when needed to help me with paperwork, billing questions, appointments, customer service problems, or services I requested.

Who May Be Contacted

Utility companies, banks or lenders, collection agencies, government offices, insurance companies, service providers, landlords, pharmacies for pickup coordination only, and other businesses I approve.

Limits

This does not allow medical decisions. It does not allow MABM to access medical records unless I sign a separate medical release. I can cancel this at any time.

Client Name: _____ Date: _____

Client Signature: _____

MABM Representative: _____ Date: _____