



## AUTHORIZATION FOR EXCHANGE OF INFORMATION

Full Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

*I have accepted the services of VNA/Easter Seals Nebraska. My signature below indicates that I have authorized any representative of this organization to release and receive both written and verbal information relating to my circumstances for the purpose(s) designated below. You are hereby directed to furnish such information to VNA/Easter Seals Nebraska staff on my behalf.*

**I hereby authorize VNA/Easter Seals Nebraska to exchange information with the following agencies or individuals:**

<input type="checkbox"/> Assistive Technology Partnership	<input checked="" type="checkbox"/> Nebraska Department of Health and Human Services
<input type="checkbox"/> Client Assistance Program	<input type="checkbox"/> Nebraska Self-Employment Services/The Abilities Fund
<input type="checkbox"/> General Assistance	<input type="checkbox"/> Nebraska Vocational Rehabilitation Services
<input type="checkbox"/> Local Housing Authority (specify) _____	<input type="checkbox"/> American Job Center Network (DOL Career Center)
<input type="checkbox"/> Veterans Administration	<input type="checkbox"/> Other: _____
	<input type="checkbox"/> Other: _____

### For the Purpose of:

BENEFITS PLANNING AND ASSISTANCE / EMPLOYMENT PLANNING

OTHER (Specify): \_\_\_\_\_

- I understand that the information to be released may include information protected under Federal Confidentiality Regulations and cannot be disclosed without my permission.
- I may revoke this authorization for exchange of information by providing written notice, except to the extent that action has already been taken in reliance on the authorization. I can request to have the exchange of my information limited to satisfy a specific need or privacy concern.
- I consider a photocopy of this authorization to be as valid as the original.
- I authorize information to be exchanged by facsimile, U.S. Postal Service, electronically or phone.
- I hereby release VNA/Easter Seals Nebraska from all legal liability that might arise from its release of information or the re-disclosure of the information by the recipient.

**This authorization will expire one year from the date of signature, unless revoked or otherwise specified.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Name/relationship of legally authorized representative (if applicable): \_\_\_\_\_