

AUTHORIZATION TO DISCLOSE INFORMATION

LIGHTHOUSE ASSOCIATES, INC.

PRIVACY STATEMENT: Disclosure of the social security number is voluntary and is requested for the purpose of accurate identification. Failure to disclose a social security number will not affect the disclosure of other information.

In order for Lighthouse Associates to provide it's services to the best of its ability, Lighthouse Associates may refuse representation of client if client refuses to sign this form as the information may be needed to make reasonable decisions regarding funds usage, setting up budgets, etc.

<u>Name of Client: (Last, first, Middle Initial)</u>	<u>Social Security Number</u>	<u>Date of Birth:</u>
<u>Street Address:</u>	<u>City</u>	<u>State & Zip Code</u>

1. I hereby authorize:

<u>Name of Person / Agency</u>	<u>Phone number</u>	
<u>Street Address:</u>	<u>City</u>	<u>State & Zip Code</u>

2. To release information to:

Any representative of Lighthouse Associates, Inc., PO Box 342, Northwood, ND 58267

3. The following information is requested:

Any and all information as it relates to the client's financial welfare to include alcohol and drug information, debts, etc.

4. The information identified above will be used to for coordination of services and recommendations as to what best serves the financial needs of the client.

CLIENT CONSENT:

5. This Authorization to Disclose Information is voluntary and remains in effect as long as Lighthouse Associates, Inc. remains representative payee for the client, unless specifically revoked by written notice to the agency or person. Any information disclosed prior to written revocation of this authorization shall not be a breach of confidentiality. A photocopy of this authorization is as effective as the original. Unless otherwise agreed in writing. Information may be disclosed under the authorization in any form or medium, including oral, written, or electronic transmission.

<u>Signature of Client:</u>	<u>Date</u>
<u>Signature of Parent/Guardian (if needed and Relationship):</u>	<u>Date</u>
<u>Signature of Witness (if needed):</u>	<u>Date</u>