

Open Minds, Inc.

A Non-Profit Representative Payee Program

Permission for Release of Information

I _____ give my permission to Open Minds, Inc. and its associates to release to or receive information about me with/from:

- Friend Family Member Emergency Contact
 Agency Other (explain): _____

Name of person or agency

This includes information about my children:

Name:

Birthday:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

For the purpose of: Providing representative payee services.

This release takes effect on: _____ and expires on: _____
(This release can be used for one year only)

Because being a representative payee is an ongoing contractual relationship with the Social Security Administration this release is effective for a 1 (one) year period.

I understand that I can cancel this release at any time in writing.

I understand that my disclosure of records concerning treatment of alcohol or drug abuse and/or HIV/AIDS is protected by Federal Law, which says that I have to give my permission to share this information.

Client Signature

Date

Parent or Guardian

Date

Staff Member

Date

**3405 Summer Ave
Memphis, TN 38122
901-324-0686 p * 901-324-0688 f
www.openmindssite.org**

**Mailing Address
P.O.BOX 22969
Memphis, TN 38122**