



ShareCare of Leelanau, Inc.

Authorization for the Release of Information for: _____

I allow the release of information for the purpose of enabling **ShareCare of Leelanau, Inc.** to arrange and direct services for me.

This authorization allows **ShareCare of Leelanau, Inc.** to furnish information on an appropriate "needs to know" basis to employees or service providers (medical or otherwise) in order to arrange for services in my behalf and for my home.

Further, I authorize **ShareCare of Leelanau, Inc.** to discuss my situation, if such discussion is deemed in my best interest, with the people listed below.

Persons approved/relationship:

_____	_____
_____	_____
_____	_____

I **do not** give ShareCare permission to utilize my photo in publications.

This authorization may be revoked by me upon written notice sent to **ShareCare of Leelanau, Inc.**, 7401 E Duck Lake Rd #600, Lake Leelanau, MI 49653 and shall take effect immediately upon receipt. Such revocation shall have no effect upon information released before **ShareCare of Leelanau, Inc.** received said notice.

Signature: _____

Address: _____

Date: _____

Witness: _____