



RELEASE OF CONFIDENTIAL INFORMATION

<u>First Name</u>	<u>Last Name</u>	<u>MR#</u>
The specific information to be released, specify the information requested.		
What is the purpose for which this information will be used? Please be specific.		
Date the member signature for the release of information will be effective.		
The date, event, or condition in which the consent expires: (must relate to the specific purpose for disclosure):		
What is the name of the person(s) or organization(s) that is disclosing the confidential information?		
NOTE: All release forms will expire within 12 months of the signature date.		
STATEMENT: This serves to inform _____ (member) that he/she may withdraw their authorization at any time except to the extent that action has already been taken. The member may refuse to sign the release of information form without fear of retaliation.		
Member`s Signature		
Member`s Legal Guardian Signature (if the member is unable to sign)		
Ubuntu Care LLC Representative Name		
Ubuntu Care LLC Representative Signature		
Date	_____ / _____ / _____	