



RELEASE OF CONFIDENTIAL INFORMATION AUTHORIZATION FORM

This form authorizes Premier Financial Management Services (PFMS) to disclose any information regarding the services you receive, wages and payment information for your workers and/or anything else related to your service and support plan. You have the right to revoke this Authorization by providing PFMS with written notice of revocation.

AUTHORIZATION

I, _____, hereby authorize PFMS or any of its staff to disclose, by any acceptable means, information regarding the services I receive, wages and payment information for my workers, including fax or email, and/or anything else related to my service and support plan described as follows:

I, _____, hereby authorize the release of the above mentioned information to the following person:

Name: _____

Address: _____ Phone Number: _____

***This authorization does not grant the individual authority to sign off on timesheets or any other program-related documents.**

Participant or Legal Representative Name (*Please Print*): _____

Participant or Legal Representative Signature: _____

Participant Date of Birth: ____/____/____

Form Completion Date: ____/____/____

Authorization Form Submission:

Mail:
PO Box 26001
Milwaukee, WI 53226

Drop Off:
10425 W North Ave.
Suite 345
Milwaukee, WI 53226

Email:
HR@premier-fms.com

Fax:
1-888-551-5286