



## Release of Confidential Information Authorization Form

This form authorizes Premier Financial Management Services (PFMS) ILSP to disclose any information regarding the services you receive, wages and payment information for your workers and/or anything else related to your Independent Living Supports Pilot (ILSP) service plan. You have the right to revoke this Authorization by providing PFMS ILSP 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:

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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:**  
10425 W North Ave  
Suite 312  
Milwaukee, WI 53226

**Drop Off:**  
10425 W North Ave.  
Suite 312  
Milwaukee, WI 53226

**Email:**  
[ilsp@premier-fms.com](mailto:ilsp@premier-fms.com)

**Fax:**  
1-877-334-2573