



Consent for the Release of Information MyCare Ohio

I, _____ hereby authorize
(Name of Client)

Morning Sun Financial Services to exchange information with the following persons or agencies:

Health Plan - MyCare Ohio

Authorized Representative (please list) _____

Other people in my life (please list)

The following information may be exchanged:

Participant's spending plan

MyCare Ohio funding and budget

Other Please list:

I understand that my records are protected under State and Federal confidentiality laws and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at anytime. I understand that information at Morning Sun Financial Services is limited to staff whose work assignments reasonably require access to my data within the purposes specified in the services provided.