

Vermont SMP Client Release Form

I, _____ hereby authorize the staff and contracted affiliates (Americorps, SHIP) of the Vermont SMP to act in my behalf in obtaining or releasing information about me to other agencies or individuals to negotiate for Medicare/Medic-aid services or entitlements on my behalf.

I understand that this information may be requested by, and shared with, governmental agencies which oversee programs that are supported by public funds to protect quality health care.

(Signature of client or legal representative)

(Date)

(Signature of staff)

(Date)

Return signed release to:

Vermont SMP Director, Anita Hoy, PO Box 1276, Montpelier, VT 05601

or by email at: anita@vermontelders.org

or by fax at: 802/229-0156