Release of Information Form

Meals on Wheels/Medically Tailored Meals Program at the Health Trust

Client Information Release Authorization

I, _____, hereby authorize the release of my personal information to Loaves and Fishes or another agency that will be providing services for the Meals on Wheels (MOW) or Medically Tailored Meals (MTM) program at the Health Trust.

I understand that the purpose of this release is to facilitate the transition of program management and ensure the continuity of services provided to me as a participant in the Meals on Wheels or Medically Tailored Meals program. The information to be shared may include, but is not limited to:

- Personal identifying information (e.g., name, address, contact information)
- Dietary preferences and restrictions
- Medical history or health-related information relevant to meal planning and delivery
- Any other information deemed necessary for the provision of services by the new managing agency

I acknowledge that the sharing of my information is voluntary, and I have the right to refuse or revoke this authorization at any time. I understand if I decline to sign or if I revoke this document, my services will cease after June 28th, 2024.

I understand that the information shared will be handled in accordance with applicable privacy laws and regulations, and appropriate measures will be taken to ensure the confidentiality and security of my personal information.

This authorization will remain in effect until the completion of the transition process or until I provide written notice of revocation.

By signing below, I acknowledge that I have read and understood the terms of this release of information and voluntarily consent to the sharing of my information as described herein.

Client Signature:
_____

Print Name:
_____

Date: _____

Name of Witness and Relationship to Client:
_____

[Note: If the client is unable to sign, an authorized representative may sign on their behalf with appropriate documentation of authorization.]