

AUTHORIZATION FOR MUTUAL EXCHANGE OF VERBAL INFORMATION

FIRST _____ MIDDLE _____ LAST _____ DOB _____

ADDRESS _____

NAME OF LEGAL GUARDIAN _____ PHONE NUMBER _____

Authorization Effective Until _____ (write date if time-limited; if not, write "revoked")

I AUTHORIZE **AMCARE RESIDENTIAL LIVING, INC.** TO GIVE AND RECEIVE VERBAL INFORMATION TO THE **EAST TEXAS FUN BUNCH, INC. (ETFB)**, INCLUDING MARILYN RUTH BURKE, JAMES (JIM) M. WONG, TERESA KYLE, AND/OR DANA CONLEY FOR THE PURPOSE OF OBTAINING PERSONAL INFORMATION RELATED TO EVENTS AND OUTINGS SPONSORED BY ETFB. I authorize the disclosure of the information described above. I understand that I may revoke or cancel this authorization at any time, except for action has already been taken. This authorization will remain in effect for 1 year or the time period specified above, in order to carry out the purpose for which the authorization was given. I understand that as a legally authorized representative, the information disclosed may contain references about my family or myself. I understand there exists a potential for information disclosed pursuant to this authorization to be subject to re-disclosure by the recipient and no longer be protected by these authorization requirements. I understand that I have the right to refuse to sign this authorization. I understand that I have the right to limit the verbal information that is to be released. I request the following limitations: *Pertinent information only - diagnosis and information needed for ETFB outings and to work together as a team AND*

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>PHONE NUMBER</u>
Marilyn Ruth Burke	East Texas Fun Bunch, Inc.	832-721-5683
James (Jim) M. Wong	East Texas Fun Bunch, Inc.	281-608-1336
Teresa Kyle	Music Teacher/ETFB	936-718-6833
Dana Conley	ETFB	936-404-9933

Client Signature _____ Witness _____ Date _____

Legal Representative Signature _____ DATE _____

Relationship of Legal Representative (if signed above): _____

A photocopy or facsimile transmission is as valid as the original.

REVOCATION OF CONSENT

(Do not complete unless Revocation of Consent has been requested)

I, _____, hereby revoke or cancel this authorization effective _____ (date).

Client/Legal Representative Signature _____ Date _____ Witness _____ Date _____