



**Central Lincoln County YMCA**  
Authorization for Release of Information

I, \_\_\_\_\_, DOB \_\_\_/\_\_\_/\_\_\_ hereby authorize the staff of the Central Lincoln County YMCA (CLC YMCA) to obtain and release, as needed, information that is pertinent to the coordination of available services and resources.

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

**Household members:**

Name \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

Name \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

Name \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

Name \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

Name \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

**This Release will include any of the following items that are checked:**

- |  |  |
|--|--|
| <input type="checkbox"/> Financial Information     | <input type="checkbox"/> Housing Information         |
| <input type="checkbox"/> Medical Information       | <input type="checkbox"/> Family History              |
| <input type="checkbox"/> Progress Notes            | <input type="checkbox"/> Treatment Plans             |
| <input type="checkbox"/> Utility Information       | <input type="checkbox"/> Current/Previous Employment |
| <input type="checkbox"/> Mental Health Information | <input type="checkbox"/> Other _____                 |

**This information is to be used only for:**

- Services coordination  
 Other \_\_\_\_\_



**I authorize the above information to be released to or obtained from:**

Karen-Ann Hagar-Smith | khagar@clcymca.org  
Mark Hymbaugh | mhymbaugh@clcymca.org  
Outreach & Community Navigation  
525 Main Street, P.O. Box 787  
Damariscotta, ME 04543  
Cell (207)-403-4116

**I understand that the information shared under this release may be confidential in nature. I may revoke this authorization at any time by notifying Karen-Ann Hagar-Smith in person, by phone, mail, or email.**

This authorization expires on \_\_\_/\_\_\_/\_\_\_ (not to exceed one year).

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

Please sign and date below to **revoke** this Authorization to Release Information:

Client Signature \_\_\_\_\_

Date \_\_\_\_\_