

## Sound Waves Payee

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www.soundwavespayee.org

### Release of Information

I agree to an exchange of personal information between **Chris Paul / Sound Waves Payee** and the person and/or organization listed below. I understand that this information is to be used to support my representative payee services.

Person and/or Organization:

Contact information:

I understand that my records are protected under the Federal and state confidentiality regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations.

I understand that I may revoke this consent at any time, except to the extent that action has been taken in reliance on it (e.g., parole, probation, etc.) and that in any event, this consent expires automatically as described below.

Expiration Date:

Name:

Signature:

Date of Signature:

Signature of Witness (if client signed "X" above):