

Consent for Release of Confidential Information

I(We) _____ hereby authorize, request and release

Provider Name

to provide Yesh Tikvah with information upon Yesh Tikvah's request, including conversations with Yesh Tikvah personnel regarding services provided to me (us).

Such information shall be limited to the extent necessary to assist Yesh Tikvah in making a decision as to whether to fund health care services for me (us) or to continue such funding.

Signature of client (1)

Date

Signature of client (2)

Date