

BDS Fiscal Consent for the Release of Confidential Information

As the Parent/Guardian and Employer Representative for _____,
name of Employer/Client (child)

I authorize BDS Fiscal to disclose to _____ the following information:
name of Employee/Provider

- The above Employee’s pay rates, hours, and payment amounts
- My budget details, including pay rates and services
- All details regarding my Employer/Client-directed services from BDS Fiscal
- Other information as described in detail: _____

I understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows:

- Upon my termination from receiving Employer/Client-directed services from BDS Fiscal
- Upon the termination of my relationship with the person/agency written above
- Upon other circumstances as described in detail: _____

Employer’s Representative/Parent Name – Printed

Employer’s Representative/Parent Signature

Date