

**Vancouver – Main Office
P.O. Box 872410
Vancouver, WA 98687
Phone No.: 360-882-2906
Fax No.: 360-944-2066**

CONSENT FOR EXCHANGE OF INFORMATION

I, _____, authorize discussions, and/or exchange of documents/information between JETA PAYEE SERVICES and

(Person or Agency)

(Address/Phone No.)

PURPOSE OF INFORMATION:

To be able to communicate effectively with people involved in client's financial status, mental health/drug and alcohol treatment.

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 ALSO 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., PROBATION, PAROLE, ETC.) AND THAT IN ANY EVENT, THIS CONSENT EXPIRES AUTOMATICALLY AS DESCRIBED BELOW.

EXPIRATION DATE: _____

SIGNATURE OF CLIENT: _____

DATE SIGNED: _____

SIGNATURE OF WITNESS: _____



Payee
Services

Our mission is to provide quality service to our customers and meet not only their expectations but also of the agencies we serve....

Referral Form | New Clients

Date: _____

Referred By: _____

Agency Name: _____

Phone #: _____

Client's Name: _____

Social Security #: _____

Date of Birth: _____

Address: _____

Care Provider: _____

Phone #: _____

Reason for Referral: _____

Physician's Name & Address: _____

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Email: jetapayee@comcast.net

Visit us at: Jetapayee.com

Advance Notification of Representative Payment

Name of Wage Earner, Self-Employed Person or
SSI Claimant

Social Security Number

Name of Beneficiary (if other than above)

Relationship to Wage
Earner, Self-Employed
Person or SSI Claimant

I understand and agree with the following.

Need for Representative Payee

The Social Security Administration (SSA) has decided that I need someone to manage my benefits. Because of this, SSA will send my Benefits to a representative payee. It is the duty of the representative payee to use my benefits for my best interests.

Choice of Representative Payee

SSA has selected JETA Payee Services to be my representative payee.

My Right to Appeal

I have the right to appeal SSA's decision. I can appeal the choice of who will be the representative payee. In most cases, I also have the right to appeal the decision that I need a payee. If I appeal, I will have the right to review the evidence in the file and submit new evidence.

Signature

Date

Witnesses are required only if this statement has been signed by mark (X) above. If signed by mark (X), two witnesses to the signing who know the person making the statement must sign below, giving their full addresses.

1. Signature of Witness

2. Signature of Witness

Address (Number and Street, City, State, and ZIP Code)

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