ALABAMA FAMILY TRUST
Administering Special Needs Trusts
100 Centerview Dr., Suite 200, Vestavia Hills, AL 35216
205.883.8333 Fax: 205.883.0333 info@alabamafamilytrust.com

ALABAMA FAMILY TRUST CORPORATION
BENEFICIARY AUTHORIZATION TO DISCLOSE AND CONSENT TO RELEASE PROTECTED HEALTH AND OTHER PERSONAL INFORMATION

Beneficiary's Name: _____

Beneficiary's Date of Birth: _____

I, _____, as the beneficiary, guardian, or agent under a power of attorney of the beneficiary named above, hereby voluntarily authorize and request disclosure (including paper, oral, and electronic interchange) from the Alabama Family Trust Corporation (AFT) of all the financial, health, medical, vocational, educational, employment, and other personal and confidential information of the beneficiary named above to the AFT Case Management Program contractor for the purpose of assisting the contractor in providing case management services for the beneficiary.

I understand that I may revoke this authorization at any time by notifying AFT in writing, but that, if I do, the revocation will have no effect on uses or disclosures prior to the receipt by AFT of the revocation.

This authorization specifically includes information obtained or created prior to the signing of this authorization and after the signing of this authorization until my death or until I revoke this authorization.

I understand that the AFT Case Management Program contractor is required by its contract with AFT and by law and regulation to maintain the confidentiality of the personal and confidential information that is disclosed by AFT to the contractor.

I understand that this authorization is voluntary, that I have had full opportunity to read and to consider the contents of this authorization, and that I confirm that its contents are consistent with my direction to AFT to disclose to the AFT Case Management contractor the protected health and other personal information described in this form.

I understand that I have been provided with a copy of this document after I have signed it that I should retain for my records and that a photocopy of this form is as valid as the original.

_____	_____	_____
Signature of Beneficiary or Legal Representative	Relationship to Beneficiary	Date

Rev 11-2026