



MANATEE COUNTY AREA TRANSIT  
Written Authorization

Client's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Client's Phone#: \_\_\_\_\_

This document authorizes Manatee County Area Transit (MCAT) to release your information on file to:

\_\_\_\_\_

**Under HIPAA, MCAT may share your information to attain services, payment and operations.**

This authorization expires: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

The client has the right to revoke this authorization in 1 year.

Print Name: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*If the form is incomplete, it could result in a delay of this process\*\***

Phone (941) 748-2317

Fax (941) 358-2882

State of \_\_\_\_\_

County of \_\_\_\_\_

This instrument was acknowledged before me on \_\_\_\_\_ (date) by \_\_\_\_\_ (client's name)

(Personalized Seal)

\_\_\_\_\_  
Notary Public's Signature

*For Office use only:*

*Date sent/initials:* \_\_\_\_\_

*Date received/initials:* \_\_\_\_\_

*Date contacted/initials:* \_\_\_\_\_