



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) 745-3776

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: _____