



# Lions of Illinois Foundation

## *Social Services*

### CONSENT FOR SERVICES

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I, \_\_\_\_\_, understand that if I am selected as a candidate by my local Lions Club, prior to receiving any payment assistance, I must authorize my diagnostic and treating healthcare providers to release certain personally identifiable health care information (PHI) about me to the Lions of Illinois Foundation who will be processing payment for my services and devices on behalf of my local Lions Club.

I also understand that if I fail to authorize such release of my PHI, that payment may be delayed or denied, and services may be delayed. I consent to be contacted by the Lions of Illinois Foundation if there is an issue with my authorization and agree to complete such paperwork as the Lions of Illinois Foundation and/or my healthcare provider may require to give effect to this authorization.

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Signature

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Date

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