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LESLIE WIZELMAN, CELA

CERTIFIED ELDER LAW ATTORNEY
243 SECOND STREET, P.O. BOX 114
WYALUSING, PENNSYLVANIA 18853
570-746-3844 FAX: 570-746-3699
www.lesliewizelman.com

Member: National Academy of
Elder Law Attorneys, Inc.
Certified as an Elder Law Attorney by the
National Elder Law Foundation

Satellite Office
1864 Golden Mile Road, P.O. Box 500
Wysox, PA 18854
570-265-1800

Admitted to Practice in Pennsylvania
New York and Florida

- Reply to Wyalusing
- Reply to Wysox

TO: ATTORNEY LESLIE WIZELMAN

RE: AUTHORIZATION AND WAIVER OF PRIVACY

I, _____ hereby waive confidentiality with regard to my health and financial information and authorize Attorney Leslie Wizelman to disclose information as she sees fit to government entities and non-governmental organizations in connection with the implementation of the Pennsylvania Independent Enrollment Brokers/Maximus process.

Signature _____

Date _____