

**AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION**

I, \_\_\_\_\_, \_\_\_\_\_ **Authorize the following disclosure(s):**  
(Print) Client Name Date of Birth

**(Enter Senior Center Name)** may release the following information:

( ) Short Form Intake Document (SFID) ( ) Caregiver Assessment Tool (CAT) ( ) Congregate Meal Assessment Form ( ) other: \_\_\_\_\_

**To:** \_\_\_\_\_  
Name  
\_\_\_\_\_  
Address City State Zip  
\_\_\_\_\_  
Phone Fax

This authorization will automatically expire six (6) months from the date of signing. This release may be revoked at any time by providing written notification to the senior center at the address noted above. I understand that any release made prior to my revocation, in compliance with this authorization, shall not constitute a breach of my rights to confidentiality. I understand that a photocopy of this authorization is considered acceptable in lieu of the original.

I certify that this request has been made freely, voluntarily, and without coercion. **(Enter Senior Center Name)** will not condition services, payment, enrollment, or eligibility for benefits on whether or not I sign this authorization. I understand that when (Enter Senior Center Name) discloses the information authorized by my request, that the recipient will be reminded that re-disclosure requires additional authorization.

_____ <b>Print Client/Legal Guardian Name</b>	_____ <b>Client/Legal Guardian Signature</b>	_____ <b>Date</b>
_____ <b>Print Senior Center Program Manager Name</b>	_____ <b>Senior Center Program Manager Signature</b>	_____ <b>Date</b>

Revocation of the Release of Confidential Information

_____ <b>Print Client/Legal Guardian Name</b>	_____ <b>Client/Legal Guardian Signature</b>	_____ <b>Date</b>
_____ <b>Print Senior Center Program Manager Name</b>	_____ <b>Senior Center Program Manager Signature</b>	_____ <b>Date</b>