

RELEASE OF INFORMATION

Regarding: (client name) _____

I, (client or personal representative), _____, hereby authorize and give informed consent to the Agency on Aging in Area _____, and any of its agencies, institutions, or employees to seek, obtain, and release any and all information and documents, pertaining to me and deemed by the Area Agency to be relevant to providing services to me.

I further authorize and give informed consent to the Agency on Aging in Area _____, and any of its agencies, institutions, employees to release any information about me to any city, county, or state entity for the purpose of emergency/disaster planning, and to any First Responder, Emergency Medical Technical-Basic, Advanced Emergency Medical Technical-Ambulance, Emergency Medical Technical-Intermediate, as those persons are defined under Idaho Code Section 56-1012, in connection with the provision to me of Emergency Medical Services, as defined in Idaho Code Sections 56-1012 and 56-1013.

I further authorize and give informed consent to the following individuals, organizations, entities and institutions to release any and all information and documents in their possession to the Agency on Aging in Area _____, its agencies, institutions, or employees for the sole purpose of providing services to me.

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

(Cross out unused lines prior to signature)

Signature of Client

or Authorized Representative

Street Address

Date

City/State/Zip

Witness Signature/Area Agency Representative

THIS RELEASE OF INFORMATION IS VALID FOR ONE YEAR FROM THE SIGNATURE DATE OR UNTIL REVOKED BY THE CLIENT OR HIS/HER AUTHORIZED REPRESENTATIVE.