



A Division of Senior Services 930 Riverview Drive, Suite 200 Totowa, New Jersey 07512 Phone 973-569-4080 Fax 973-256-5718

2024 RELEASE OF INFORMATION FORM

Name:

By my signature below, *|* am authorizing the release, exchange and/ or discussion of pertinent social, psychological, medical and /or other information for the purpose of making appropriate referrals for services.

Information may include: (please check all that apply)

	Medical Health		Housing
Legal	🛛 Employm	ent	Mental Health
Other (specify)			

- Any information to be released will be used solely for the purposes set forth in this release.
- I understand that Passaic County Adult Day Care will treat all information about me with the utmost confidentiality*.
- I also understand that Passaic County Adult Day Care may use computers to help individuals in assessing services.
- This consent will expire 365 days from the day of my signature (or sooner if specified).
- I have voluntarily authorized this Release of Information.

Signature of Individual/ Guardian

Date

Signature of Witness

Date

•in compliance with Federal Privacy Act (PL930575) Federal Regulation (42 CFR- Part2) and State Laws and Regulations (Administrative Order 201, NJSA 30:4-24, 3 & NJSA 9:6-8.102)