

Broome County Office for Aging Release of Information

I, \_\_\_\_\_,  
(Please print First Name, Middle Initial, Last Name)

give permission for Office for Aging staff to obtain and to release personal information about me from /to individuals and service providers and to confer with community agencies, medical care providers, financial institutions and/or utility companies regarding my condition or circumstances.

Furthermore, I give permission to talk with the following individuals:

\_\_\_\_\_  
\_\_\_\_\_

I understand that Office for Aging staff may obtain or release information needed to arrange or coordinate services, to make application for benefits, or to document energy savings. Information needed may include:

Income/Wages/Assets  
Benefits  
Real Property/ Rent  
Banking  
Veteran Issues  
Mental Health  
Medical  
Other (explain) \_\_\_\_\_

Social Security/SSD/SSI  
Bills/Expenses/Balances  
Legal  
Insurance  
Credit  
Energy Related Services

Release of Information Restrictions \_\_\_\_\_

Client/Legal Representative Signature \_\_\_\_\_ Date \_\_\_\_\_

Client Address \_\_\_\_\_

Client Date of Birth \_\_\_\_\_ Phone Number \_\_\_\_\_

OFA Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

(over)

Client Instructions for Completing Broome County Office for Aging  
Release of Information

1. Signing this release of information form authorizes the Broome County Office for Aging to:
  - a) obtain information and documentation about you from individuals, service providers, agencies and institutions in order to identify programs and services you may be eligible for and to arrange services to meet your needs,
  - b) release information about you to individuals, service providers, agencies and institutions in order to identify programs and services you may be eligible for and to arrange services to meet your needs.
2. Complete the form in blue or black ink. Do not use pencil. Sign and date the form.
3. If you have a legal representative complete the form on your behalf, s/he must attach supporting legal documentation (power of attorney, guardianship order) that designates her/him as your legal representative.
4. Broome County Office for Aging will keep a copy of the signed and dated form on file.
5. This release can be revoked at any time by submitting a formal request in writing or by submitting a Broome County Office for Aging Release of Information Revocation Request form to: Broome County Office for Aging, PO Box 1766, Binghamton, NY 13902. Revoking the release will not affect information that was released under the earlier authorization.