

Broome County Office for Aging
Release of Information Revocation Request

I, _____,
(Please print First Name, Middle Initial, Last Name)

revoke the previously given 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.

- I understand that this revocation is effective as of the date this form, signed and dated in compliance with the instructions, is received by the Office for Aging. Any information obtained or released prior to the receipt of this form is not covered by the revocation.
- I understand that this revocation may mean that I will no longer be able to qualify for those programs and services which require that my personal information be obtained and/or released to others by the Office for Aging.
- I understand that if I decide later that I do want to authorize the Office for Aging staff to obtain and to release personal information about me, I can request and execute a new Release of Information authorization.

Client/Legal Representative Signature _____ Date _____

Client Address _____

Client Date of Birth _____ Phone Number _____

OFA Staff Signature _____ Date _____

(over)

Client Instructions for Completing the Broome County Office for Aging
Release of Information Revocation Request

1. Complete the form in blue or black ink. Do not use pencil. Sign and date the form.
2. 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.
3. Submit signed and dated form to:
Broome County Office for Aging
P O Box 1766
Binghamton, NY 13902
4. Broome County Office for Aging will keep a copy of the signed and dated form on file.