



Berks County
Area Agency on Aging

Building Partnerships
Strengthening Communities
Enhancing Quality of Life

RELEASE OF INFORMATION

I, _____, give my consent to the Berks County Area Agency on Aging (BCAAA) to access all financial information and records individually and jointly held by me from financial institutions, brokerage firms, and accounting firms. I also consent to the release of any medical information requested, including but not limited to psychiatric illnesses, drug and alcohol rehabilitation and HIV/AIDS testing and treatment.

I understand that the information will be kept confidential.

I also give consent to have photographs taken of my person or property for documentation purposes.

I also understand that I may revoke this consent at any time by notifying the Berks County Area Agency on Aging in writing. I have had this form read and explained to me and I understand its contents.

I have been provided a link to or copies of the following forms that can be found at www.berksaging.org:

- County of Berks Notice of Privacy Practices
- County of Berks Notice of Health Information Organization and opt out information

Date Signed

Client/Guardian/Power of Attorney

Care Manager