

Adult Protective Services
103 South Main Street, Ladd Hall
Waterbury, Vermont 05671-2306
Phone: (802) 871-3317
Fax: (802) 871-3318

AUTHORIZATION TO RELEASE INFORMATION

I, _____ DOB: _____
(name of person whose information is being requested)

authorize the following person and/or organization to disclose the information as specified below:

Name: _____
Organization: _____

Information to be disclosed:

- | | |
|--|--|
| <input type="checkbox"/> medical records and information | <input type="checkbox"/> mental health records and information |
| <input type="checkbox"/> financial records and information | <input type="checkbox"/> drug and/or alcohol treatment information |
| <input type="checkbox"/> police records | <input type="checkbox"/> other _____ |

Dates for which information is being requested: _____ to _____

Means of disclosure (check all that apply): Written Verbal Electronic

The purpose of this disclosure is to assist in the investigation of abuse, neglect or exploitation of a vulnerable adult.

I understand that State and Federal law may protect or limit the disclosure of information regarding me. If so, Federal regulations (42 C.F.R. Part 2) prohibit the re-disclosure of this information without my written consent or as otherwise allowed by the regulations.

I understand that I may revoke this authorization at any time by notifying Adult Protective Services except to the extent that this agency has already acted in reliance on it. Unless revoked sooner, this authorization shall remain in effect for one year from the date it was signed below.

Individual's Signature: _____ Date: _____

Guardian or
Legal Representative's Signature: _____ Date: _____