

## AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

I, \_\_\_\_\_, authorize \_\_\_\_\_  
(Name of Adult Day Center Participant/Personal Representative) (Name of Center)

to release the following information:

- 1.
- 2.
- 3.
- 4.

from the record of \_\_\_\_\_  
(Name of Adult Day Center Participant)

to:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_

\_\_\_\_\_  
(Signature of Adult Day Center Participant/Personal Representative)

\_\_\_\_\_  
(Date)

**THIS AUTHORIZATION MUST BE COMPLETED EACH TIME  
CONFIDENTIAL INFORMATION IS TO BE RELEASED.**