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**CONSENT TO RELEASE / EXCHANGE
 OF
 INFORMATION**

Client's Full Name:	Address: _____	Phone: (H) _____ (C) _____	Date of Birth:
Name of Legal Representative:	Address: _____	Phone: (H) _____ (C) _____	Relationship:

Written Consent

I, the undersigned, hereby authorize the Santee-Lynches Area Agency on Aging to release/exchange my information with those organizations that partner with the SL AAA (listed on reverse). I understand information will be extracted from my case file for the purpose of determining eligibility for available services and programs, to coordinate the delivery of services, and to develop a care/service plan. I understand that this release/exchange may include confidential information that I have provided during intake, assessment interviews, and/or other records concerning me. By signing this form, I am authorizing the SL AAA staff to obtain the services I have requested. I also understand that my records are protected under Federal and State confidentiality laws and regulations and cannot be disclosed without my (or my legal representative's) consent, unless otherwise provided for in the Federal and State laws and regulations.

I further understand that any information I provide may be used in a nonidentifying manner for statistical reporting purposes by the SL AAA and/or any or all of its partnering organizations, and that SL AAA and its partnering organizations will maintain the confidentiality of such information as required by law.

I understand that this consent is effective for two (2) years from the date this document is signed. Furthermore, I understand that this consent can be revoked or canceled at any time by me (or my legal representative) by calling or sending a written notice to SL AAA requesting revocation of this consent, except to the extent that agencies have already taken action in reliance on it.

I understand that this release is optional and that I can still apply for and receive services, provided I am eligible. I understand that if I choose not to sign this form, coordination with each partnering agency must be accomplished individually by me (or my legal representative) with copies provided to the SL AAA, if you wish continued assistance from the AAA.

I further acknowledge that the information concerning this consent form will be fully explained to me (or my legal representative) upon request and that consent is given freely.

By checking below and signing, I have granted permission to the SL AAA to:	<i>Check One:</i>
Release/exchange information (as needed) with partnering agencies in order to receive the service(s) I (or my legal representative) have requested.	

Signature of Client (or Legal Representative):	Date:
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NOTE TO OUR PARTNERING AGENCIES: This information has been disclosed to you for records protection by Federal Confidentiality Laws. The Federal/state rules prohibit you from making any further disclosure of information beyond what is identified herein, unless further disclosure is expressly permitted by the client or his/her legal representative.