Central Texas Aging, Disability and Veterans Resource Center

Client Information Release

Client Name:	**Client ID:**
By signing this authorization, you are giving the Central Texas Aging, Disability, and Veterans Resource Center (CTADVRC) permission to release all or part of your information provided, which includes health information. Failure to provide this authorization will result in limited service by the CTADRRC. This release includes access to a continuum of service(s) available through the its service providers.	

PARTS A, B & C TO BE COMPLETED BY CLIENT OR PERSONAL REPRESENTATIVE

I authorize the Area Agency on Aging to release my information to the following person or agency for the purpose(s) stated in Part A. My information will remain available to the person or agency indicated in accordance with the expiration event or date in Part B.

PART A – Release of Information
I understand that my information may contain protected health information. Release my information to the following person or agency: ☐ Any person or agency necessary to meet my service needs.
☐ Only the persons or entities identified:
Check one of the following: ☐ Release all of my information. ☐ Release only the following information:

PART B – Purpose of Release
☐ General: To assist in assessing, arranging, and meeting individual service needs.
☐ Specific:
☐ Expiration: This authorization expires at point of reassessment, where applicable, or within three years of effective date

PART C – Signature	
(Client or Personal Representative)	(Date)
☐ Check if you are signing for the client and please describe your authority to act for the client on the following line:	
Note: If the person requesting the release of information cannot sign his/her name, two witnesses to his/her mark (X) must sign below. Accept one witness signature in circumstances where it is not possible to obtain two witness signatures. Document the reason in the client file.	
Witness:	Date:
Witness:	Date:

Notice to Client:

√ Once the authorization to release your information is granted, the CTADRVC is not responsible for any redisclosure of the information by the recipient.

√ You can withdraw permission you have given the CTADVRC to use or disclose health information that identifies you, unless the CTADVRC has already taken action based on your permission. You must withdraw your permission in writing.

Client Rights & Responsibilities and Release of Information

For CTADVRC Programs

The Area Agency on Aging of Central Texas and Central Texas Aging Veterans and Disability Resource Center welcomes you to our programs, made available to you through the Texas Veterans Commission.

Programs and services are designed for people who are veterans, their family members, and other caregivers. Our goal is to help older people lead independent, meaningful and dignified lives in their own homes and communities as long as possible. Our program supports that goal by providing limited support services and by assisting you in finding answers when you want help. Your information will not be released to anyone, or any agency without your informed consent, with the exception of records subpoenaed by a court of law.

Release of Information:
Information we gather through an intake or through an assessment may be shared to plan, arrange and deliver services to meet your individual client needs. The information collected is required by your local service provider, the Area Agency on Aging (AAA), and the Texas Health and Human Services. All of your information will be kept confidential and guarded against unofficial use.

Client rights and responsibilities:

1. You have the right to be treated with respect and consideration. You have the right to have your property treated with respect.
2. You may not be denied services on the basis of race, religion, color, national origin, sex, disability, marital status, or inability and/or unwillingness to contribute.
3. You have the right to make a complaint/grievance or recommend changes to policy or service, without restraint, interference, coercion, discrimination or reprisal. To make a complaint or grievance contact the Area Agency on Aging. Contact information is identified below:

Service Provider Information	Area Agency on Aging Information
Area Agency on Aging of Central Texas	Area Agency on Aging of Central Texas
	2180 N Main Street
	P.O. Box 729
	Belton, TX 76513
	Telephone: 254-770-2330
	Telephone: 800-447-7169
	Fax: 254-770-2349
	E-Mail: aging@centexaaa.com

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4. You have the right to participate in the development of a care plan to address unmet needs (If Applicable).
5. You have the right to be informed in writing of available services and the applicable charges if the services are not covered or are unavailable by Medicare, Medicaid, health insurance, or Older Americans Act funding (If Applicable).
6. You have the right to make an independent choice of service providers from the list furnished by the Area Agency on Aging where multiple service providers are available, and change service providers when desired (If Applicable).
7. You have the right to be informed of any change in service(s).
8. You have the right to make a voluntary, confidential, contribution for services received through the Area Agency on Aging. Services will not be denied if you are unable or choose not to make a contribution. All contributions are confidential and are used only to expand or enhance the service(s) for which a contribution was provided.
9. You have the responsibility to inform the Area Agency on Aging or its service provider(s) of your intent to withdraw from the program or any known periods of absenteeism when you will not be using services.
10. You have the responsibility to provide the Area Agency on Aging or its services provider(s) with complete and accurate information.

I hold harmless this Area Agency on Aging program, its parent organization, funders, and the sponsoring state agencies for any liability arising out of the services provided in accordance with program guidelines.

_____ _____

Print Client Name Date

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Client Signature

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