A Division of Senior Services  
930 Riverview Drive, Suite 200  
Totowa, New Jersey 07512  
Phone 973-569-4080  
Fax 973-256-5718

2020 ADULT DAY CARE RELEASE OF INFORMATION FORM

Name: ____________________________________________

By my signature below, I am authorizing the release, exchange and/or discussion of pertinent social, psychological, medical and/or other information for the purpose of making appropriate referrals for services.

Information may include: (please check all that apply)

☐ Medical Health    ☐ Housing
☐ Legal            ☐ Employment   ☐ Mental Health
☐ Other (specify) ______________________________________

• Any information to be released will be used solely for the purposes set forth in this release.

• I understand that Passaic County Adult Day Care will treat all information about me with the utmost confidentiality*.

• I also understand that Passaic County Adult Day Care may use computers to help individuals in assessing services.

• This consent will expire 365 days from the day of my signature (or sooner if specified).

• I have voluntarily authorized this Release of Information.

_______________________________    _____________________  
Signature of Individual/ Guardian                          Date

_______________________________     _____________________  
Signature of Witness                          Date

*In compliance with Federal Privacy Act (PL930575) Federal Regulation (42 CFR- Part2) and State Laws and Regulations  
(Administrative Order 201, NJSA 30:4-24, 3 & NJSA 9:6-8.102)