



Senior Care Outreach

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AUTHORIZATION FOR RELEASE OF INFORMATION

Senior Care Outreach: Care Partner Program

Purpose: This form allows Senior Care Outreach and your chosen Home Care Provider to share information necessary to coordinate your care, verify services, and process payments.

1. Participant Information

- Name of Senior: _____
- Date of Birth: ____ / ____ / _____
- Address: _____

2. Authorization to Share Information

I hereby authorize Senior Care Outreach to exchange information with:

- Name of Care Agency: _____
- Phone/Email: _____

3. Information to be Disclosed

I agree to the release of the following information (Check all that apply):

- Care Plan & Schedule: (To ensure hours are provided as authorized).
- Functional Assessments: (Information regarding my physical needs for care).
- Billing & Invoices: (To facilitate payment from the charity to the agency).
- Emergency Contact Info: (To ensure all parties can reach my family if needed).

- Progress Notes: (General updates on my well-being and safety at home).

4. Purpose of Disclosure

This information is being shared for the following reasons:

1. To determine and maintain my eligibility for financial assistance.
2. To ensure the quality and consistency of the care I receive.
3. To allow for the accurate processing of invoices and payments.

5. Rights & Revocation

- Voluntary: I understand that signing this form is voluntary, though it is required to participate in the Care Partner Program.
- Expiration: This authorization will remain in effect for one (1) year from the date of signature or until I am no longer a client of Senior Care Outreach.
- Right to Revoke: I may revoke this authorization at any time by providing written notice to Senior Care Outreach, except to the extent that action has already been taken.

6. Signature

By signing below, I acknowledge that I have read and understand this authorization.

Signature of Senior: _____ Date: _____

OR Legal Representative: _____ Date: _____ *(If signing as Power of Attorney, please attach a copy of the POA document)*