



Berks County  
**Area Agency on Aging**

Building Partnerships  
Strengthening Communities  
Enhancing Quality of Life

**AUTHORIZATION FOR RECEIPT AND RELEASE OF INFORMATION**

NAME OF CONSUMER: \_\_\_\_\_

WELLSKY ID \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

I hereby authorize the Berks County Area Agency on Aging to obtain/or release information relating to my medical, psychological, or psychiatric evaluation, financial circumstances, and social security status from or to those agencies from which I wish to receive services or benefits.

It is understood that only necessary information will be supplied, and this information will be treated confidentially.

\_\_\_\_\_ I have been provided a link to or copies of the following forms that can be found at [www.berksaging.org](http://www.berksaging.org);

- County of Berks Notice of Privacy Practices
- County of Berks Notice of Health Information Organization and opt out information

Consumer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OR**

Representative: \_\_\_\_\_ Date: \_\_\_\_\_  
(If applicable)

Relation to Consumer: \_\_\_\_\_

**NOTE: Any photocopy of this document shall have the same force and effect as the original**