

Elder Financial Safety Center

Consent for Release of Information

In accordance with the Elder Financial Safety Center's policies, a client or legal representative of a client may grant the Elder Financial Safety Center staff, counselors and its affiliates the right to release confidential and specific information contained in or about the client's financial records (such as phone number, address, counselor notes or financial documents provided by the client or obtained with the client's permission, etc.) to third parties such as a law enforcement agency, regulatory agency, social service organization, court-appointed guardian, court of law, Power of Attorney, Adult Protective Services, and/or any other entity that is working in cooperation with the Elder Financial Safety Center on the client's behalf by completing this Consent to Release Confidential Information form.

Disclosure of Confidential Information

The Elder Financial Safety Center may, at the discretion of the staff, counselors and its affiliates, disclose information from a client's financial record to third parties, as described above, with the written consent of the client.

Organization/Person/Agent to whom access to my financial records may be provided (specify names):

Verification of Identity and Acknowledgement

I understand that in order to ensure my privacy is maintained, the Elder Financial Safety Center will be verifying the identity of the person to whom access to my personal, financial records may be provided.

I also understand that 1) I have privacy rights as outlined by Elder Financial Safety Center and agency policies, local, state and federal laws and 2) this consent form will be effective until I submit a revocation to Elder Financial Safety Center staff, counselors or its affiliates.

Client Signature

Date

Power of Attorney Signature

Date