



ElderSource

10688 Old St. Augustine Rd Jacksonville, Fl 32257

(904) 391-6600

Caring Connections

Telephone Reassurance Program

Release of Information

Participant

Name: _____

Address: _____

Telephone : _____

Birth Date: _____

In an effort to meet the needs of Participants, it is sometimes necessary to contact and share information with other community services and agencies. This may include the disclosure of personal or confidential information. Sharing this information is intended to assist Participants of the Program.

_____ I authorize *Caring Connections* Telephone Reassurance Program to obtain and/or disclose confidential information to/from other community social services agencies.

Participant's Signature

Date

or _____
Legal Representative

Relationship