Information Release Form

The Stoddard Bergen Fire Department would like to contact the local Aging and Disabilities Resource Center (ADRC) on your behalf. The Aging and Disabilities Resource Center (ADRC) wishes to provide assistance to you and your loved one so you can safely remain in your home as you age. The ARDC will work with you to get the resources you need to prevent further falls and to live safely in your home. The Stoddard Bergen Fire Department will recommend the ADRC get you an in-home evaluation to provide you helpful tips to increase your home safety.

The ADRC offers resources/programs related to:

- **Transportation**
- **Nutrition**
- **Health Promotion and prevention**
- **Counseling**
- **Technology classes**
- **Dementia support**
- **Caregiver support**
- **Fall prevention**
- **Home Safety**
- **Resources related to your specific needs**

By signing this form, I authorize the Stoddard Bergen Fire Department to release my name, phone number, address, and pertinent medical information pertaining to this 911 call that occurred on the date below to the local Aging and Disabilities Resource Center (ADRC). I acknowledge that the ADRC will contact me for further assistance. I acknowledge that refusal to sign this form is a refusal of my information being provided to the ADRC, and no information will be disclosed. I understand that the Stoddard Bergen Fire Department giving out my personal information without my permission violates my HIPAA rights. I understand that prior to the ADRC receiving my information, I have the right to revoke my authorization by providing a written notice of revocation to the Stoddard Bergen Fire Department. This authorization expires in 90 days from the date signed.

Name Printed:________________________________ Date: ____________________

Signature:____________________________________ Phone #: _(______)________

Address: ____

Witnessed by Printed: ______________________________ Date: _______________

Signature: ____________________________________