Iowa Department on AGING

Centenarian Project
510 E 12th Street, Ste. 2
Des Moines, IA 50319-9025
515.725.3333 | 800.532.3213
www.iowaaging.gov

Authorization for Release of Information Form

Please complete this form in its entirety and submit it to the address above by Aug. 12, 2016. The form is not valid of it does not contain the original signature of the centenarian or his/her guardian or authorized representative. A copy of the signed form should be provided to the centenarian.

I HEREBY AUTHORIZE:

Facility / AAA / Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Title: _____

Contact Phone: _____ Contact Email: _____

TO DISCLOSE THE INFORMATION BELOW FROM THE HEALTH RECORDS OF:

Last Name: _____ First Name: _____ MI: _____

Date of Birth: _____ Age: _____ Gender: _____

Address: _____

City: _____ County: _____ Zip: _____

This individual lives: ☐ At Home ☐ In a Facility

FOR THE PURPOSE OF:

Entry into the Iowa Department on Aging Centenarian Registry / Iowa Centenarian Project maintained by the Iowa Department on Aging, 510 E 12th St., Ste. 2, Des Moines, IA 50319-9025.

I hereby give the facility/AAA/organization above permission to release only the information requested on this form to the Iowa Department on Aging for the sole purpose described above. I understand that I may refuse to sign this authorization or revoke this authorization in writing at any time. The revocation will take effect the day it is received in writing. The revocation will not affect information that has already been disclosed. I further understand that, because the Iowa Department on Aging is not a health care provider, health plan or health care clearinghouse covered by federal privacy regulations or a business associate of these entities, the information above will become a matter of public record, may be disclosed upon request and is not protected by federal privacy regulations. This authorization will expire upon revocation, change of residence or passing of the centenarian.

_____ _____
Signature of Centenarian/Guardian/Authorized Representative Date

_____ _____
Signature of Witness Date