

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Division of Aging and Adult Services
Adult Protective Services ("APS")

AUTHORIZATION TO RELEASE NON-HIPAA INFORMATION FORM

I _____ (*name of vulnerable adult/APS client*), hereby authorize the Arizona Department of Economic Security to release:

A copy of the entire Adult Protective Services case file

A copy of (*specify date/nature of document*) _____

Other (*specify documents to be released*): _____

to (*name of individual to receive APS documents and where documents should be sent*) _____

I further, as to this request only, hereby waive any right to privacy and confidentiality regarding this file.

Signature of person authorizing the release of documents

Date

Printed/Typed Name: _____