

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

I, _____, authorize _____
(Name of Resident or Day Care Participant/Personal Representative) (Name of Facility)

to release the following information:

- 1.
- 2.
- 3.
- 4.

from the record of _____
(Name of Resident or Day Care Participant)

to:

(Name)

(Address)

(Signature of Resident or Day Care Participant/Personal Representative)

(Date)

**THIS AUTHORIZATION MUST BE COMPLETED EACH TIME
CONFIDENTIAL INFORMATION IS TO BE RELEASED.**