

MARLOW MANOR ASSISTED LIVING
CONSENT FOR RELEASE OF MEDICAL RECORDS

I, _____ give consent for MARLOW MANOR ASSISTED LIVING FACILITY (MMALF) to obtain information from the person or agency indicated below, for the purpose of determining my eligibility for Assisted Living.

I request and authorize the above agency to obtain information pertaining to me as specified below:

Doctor(s) Name(s): _____

Information Requested: Medical Records and Current PPD if Available

From Date(1 year ago): _____ To Date(Today): _____

Restrictions (Specify): _____

MMALF shall not re-release this information without my consent except as I might give additional consent in the assignment of a new care coordinator to my case. I understand that I can cancel this consent at any time by sending my signed and dated written instructions to MMALF.

This consent is valid for no more than one year from _____ **to** _____.
Mo/Day/Yr (Today's Date) Mo/Day/Yr

RESIDENT: _____
Printed name Signature Date

WITNESS: _____
Printed name Signature Date

Relationship: _____

WITNESS: _____
Printed name Signature Date

Relationship: _____
(Two witnesses are required if the client signs with an X. The care coordinator should not be a witness.)

I understand that the Marlow Manor Assisted Living Facility, Manor Management of Alaska, its employees and/or associates cannot be responsible for the confidentiality of information disclosed after said information has been released pursuant to this authority and request, and I hereby release them from all liability arising from such disclosure.