ALCharts Plus
Assisted Living Software

Release of Health Information

1 I hereby authorize (name/provider) _____ to disclose the following information from the health records of:

Resident/Client name _____ Date of Birth _____/_____/_____

Address _____ Telephone ( ) _____-_____

_____

_____

Covering dates of service

From (date) _____ Through (date) _____

2 Information to disclose

- ☐ Complete health record (s)
- ☐ History & physical
- ☐ Discharge summary
- ☐ Consults _____
- ☐ Other _____
- ☐ Progress notes
- ☐ X- ray reports/imaging
- ☐ Laboratory test

I understand that this includes information relating to (check if applicable).

- ☐ Acquired immunodeficiency syndrome (AIDS) Human Immunodeficiency Virus (HIV) infection
- ☐ Behavioral health service / psychiatric care
- ☐ treatment for alcohol and or drug abuse

3 This information is to be disclosed to

Name / provider _____

Address _____

_____

_____

Purpose for release ☐ Health care services ☐ Other _____

4 I understand this authorization may be revoked in writing at any time, except to the extent that action has been taken in reliance on this authorization. Unless otherwise revoked, this authorization will expire on the following date, event or condition:

☐ Termination of services with above provider ☐ Death ☐ Other _____

5 The facility, its employees, officers, and physicians are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein

Client/Resident signature _____ Date _____/_____/_____

Legal representative _____ _____ Relationship Date _____/_____/_____

Signature of witness _____ Date _____/_____/_____