A Home for the Day Adult Day Service
Request and Authorization for Release of Medical Records and Personal Information

Participants Name:___________________________________ DOB ________________
(First, Middle and Last Name)

Address: ____ Phone #_____________

I hereby authorize:

1. ____
2. ____
3. ____

To release information to: A Home for the Day Adult Day Service
1971 Pine Cone Road
St. Cloud, MN 56303

Description of information to be disclosed:

____________ General summary of medical records and/or medical records for the past year to include diagnosis and current medications

____________ I also authorize verbal and/or written exchange about my medical information with the above listed.

Purpose for use and disclosure: A Home for the Day Adult Day Service is mandated by the State to obtain an initial and then annual physical condition report on all participants

I authorize release of all alcohol and/or drug abuse records that are part of the records I Specified above, unless otherwise indicated here:

____________ Do not release records from alcohol or drug abuse treatment programs that are under federal law.

In case of an emergency:

I authorize A Home for the Day Adult Day Service to release medical and/or personal information that pertains to the health and welfare of the above named participant to Emergency Medical Personnel.

I understand that I may revoke this authorization in writing at anytime, except to the extent action has already been taken in reliance on it. I understand this authorization expires 12 months from the date of signing. A photocopy or fax of this authorization will be treated in the same manner as the original.

I hereby release A Home for the Day Adult Day Service of all legal responsibility or liability that may arise from my authorized signature.

________________________________ ________________________________
(Signature of participant or caregiver) (Date form completed)

________________________________ ________________________________
(Signature of Staff Representative) (Date form completed)