



## Authorization to Obtain and Release Information

I authorize Pinnacle Senior Placements and their representatives to obtain and release confidential information regarding:

Client: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Confidential information includes recent medical history to aid in the referral and placement process of client. Information may include:

- Health concerns and the reason for seeking care
- Level of assistance needed with activities of daily living (ADL)
- Medical diagnosis known to family
- Medications and the level of management required, as know by family
- Known behaviors or symptoms that require special care
- Sleeping habits
- Personal cultural or language preferences
- Types of social and mental activities
- Food requirements and preference in daily routine
- General budge available for care and housing and insurance available to client
- Preferred geographical location

By signing this form, I authorize Pinnacle Senior Placements, and their representatives, to obtain and release confidential information for the purpose of aiding in the process of referral and placement of above listed Client.

This release is effective the date signed. I understand by signing this authorization I am releasing information about my medical conditions. I may revoke this authorization in writing at any time. However, I understand prior to any written revocation, information may have already been shared with potential housing and care facilities with the expressed purpose of researching potential housing and care options. Once health care information is disclosed, the person or organization receiving it may re-disclose said information.

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Signature

Date

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Print Name

Relationship