

Information Release

I am authorizing A Granddaughters Promise to release any part of, or all of my personal information contained in this Needs Assessment form to any healthcare or senior living accommodation as agreed to in support of my placement to an Assisted Living Care or other Health Care facility. Additionally, I authorize A Granddaughter's promise to receive any applicable personal information from my provider/s that will assist in my interim care requirements and final living option placement. I understand that any personal health information provided to potential living facilities may be subject to re-disclosure and may no longer be protected by applicable federal and state privacy laws.

This authorization is valid from the date of submission and shall expire 30 days from my admission to my senior living facility selection, or six (6) months from the submission date.

In the event that A Granddaughter's Promise has not initiated action or living facility searches on my behalf, I have the right to cancel this authorization with a written notice to A Granddaughter's Promise. If actions or searches resulting in the release of personal information have begun, the cancellation shall only apply from the date of cancellation forward.

I further understand that this authorization is voluntary and a printed copy is available upon request.