Longview
an Ithacare Community

Permission For Release of Information

We require your voluntary written consent before disclosing any personal and/or medical information contained in your records (chart). Your consent to share this information may be withdrawn in writing at any time.

Note: Any information shared pursuant of this consent may be subject to review by physicians and other professionals or para-professional providers or clinical students or interns such as but not limited to:

- Physical and Occupational Therapists
- Psychologists
- Clinical Instructors
- Nursing students under the direction of their clinical instructors
- Home Health Aide trainees under the direction of their clinical instructors
- Other student clinicians or interns in training; i.e. Occupational or Physical Therapy, Social and Human Services; under direction of clinical instructors.
- Health Care Proxy

I,_____ DOB_____

Voluntarily agree to release information from my records (chart) so this Information may be shared with, but not limited to: professionals, para-professionals or student clinicians or interns as listed above. I understand by sharing this information it will be held in strictest confidence and under the guidance and directions of my case manager and that I may rescind my permission to release my records at any time in writing.

Signed_____
Date_____

Witness_____
Date_____

This form remains on file in your chart.