



Emergency Contact Consent to Release Information

In the event of a medical emergency, I authorize Longview, an Ithacare Community to release my emergency contact information to health care providers, as it may in their professional judgment be necessary to provide for my medical care.

By signing this form I understand and agree I voluntarily release this emergency contact information. Further, I acknowledge I am responsible for providing any updated emergency contact information to Longview's Independent Tenant Coordinator.

I, _____ Apt. # _____, **hereby voluntarily consent to allow** Longview, an Ithacare Community to release my emergency contact information.

Emergency Contact(s)

	<u>Contact #1</u>	<u>Contact #2</u>
Name:	_____	_____
Telephone: Home	_____	_____
Work	_____	_____
Mobile	_____	_____
Address:	_____	_____
City/State/Zip:	_____	_____
Relationship to Tenant:	_____	_____

Or,

I, _____ Apt. # _____, **do not wish** to have my emergency contact information released by Longview, an Ithacare Community.

This is consent to release emergency contact information only. If you wish health care providers to have access to information regarding your advanced directives or power of attorney it is advised you keep that information available in your emergency packet in your apartment. If you do not have such documents we strongly encourage you to prepare them. If you would like more information please speak with Longview's Resident/Tenant Services who will provide you with information on local resources which can assist you.