Medical Information Release

Release to: Home Again Assisted Living Inc. | Home Again Waunakee
1120 Connery Cove, Waunakee, WI 53597

Applicant / resident full name

Date of birth

Provider(s) authorized to release information - name(s)

I authorize the named provider(s) to release the information below to Home Again Assisted Living Inc., Home Again Waunakee, for admission assessment, care planning and coordination while I am an applicant or resident.

Information authorized for release

Medical history, diagnoses, medications, allergies, care orders, relevant test results and discharge summaries; functional, cognitive and psychosocial care-planning summaries in the general medical record, subject to the exclusions below.

Includes the described existing records and records created before this authorization expires.

Not authorized by this form: psychotherapy notes; mental-health or developmental-disability treatment records protected by Wisconsin law; 42 CFR Part 2 substance-use treatment records; HIV test results; and other records requiring special consent. Ask the provider about appropriate consent if needed.

When this authorization ends

This authorization expires when my residency at Home Again Waunakee ends (discharge), unless I revoke it earlier in writing. If I am not admitted, it expires when my application is withdrawn, denied, or otherwise closed.

Your choice and privacy rights

Signing is voluntary. Refusal will not affect treatment, payment, health-plan enrollment or benefits eligibility.

I may revoke this permission in writing by notifying the medical-records office of each provider listed above. Revocation does not undo disclosures or other actions already taken in reliance on it.

Released information may be shared again and may no longer be protected by HIPAA. Other applicable privacy laws still apply. I will receive a copy of this signed authorization. I may ask the provider to inspect or obtain copies of the records, as allowed by law.

Representative name (if signing)

Legal authority to sign (if applicable)

Applicant / resident or authorized representative signature

Date signed

Print and sign, or use your approved digital-signature process.