



## Better Communication, Better Healthcare

### Authorization for Release of Medical Information

In addition to already signed authorizations for release of medical information, I,  
\_\_\_\_\_, guardian of

\_\_\_\_\_  
authorize \_\_\_\_\_ (name of hospital/nursing  
home) to release the following information to  
\_\_\_\_\_  
representatives of \_\_\_\_\_  
(name of residential service provider).

1. Status during hospitalization/nursing home stay
2. Diagnoses
3. New medication orders
4. Diet
5. Copies of results of procedures, treatments, diagnostic tests
6. Recommended supports and services
7. Current lab results
8. Discharge plan
9. Report of any hospital acquired conditions (infections, D-DIFF, decubiti)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_

Date \_\_\_\_\_