



515.770.8831
402 NE 16th Street, Ankeny, IA 50021
www.SeniorHomeFinderOfIowa.com

Client Authorization to Release Information

Client Name: _____ Date of Birth: _____

Representative's Name: _____

Self Guardian Legal Representative/POA Spouse

Client or Representative Information

Address: _____

Phone Number: _____ Email: _____

I give permission for Senior HomeFinder of Iowa (SHF) to discuss the health and care requirements of the client named above for the purpose of senior housing and care service referrals. I authorize SHF to review and discuss medical records and health care information from, to and with any long-term care community, hospital, physician, skilled nursing facility or other health care providers and/or staff associated.

I agree and understand that such information may be shared via email, telephone calls, electronic mailings and care planning meetings.

The authorization to release information may change with receipt of written notification from the client or their representatives.

Acceptable as original forms of this agreement are photocopy, electronic mailing and/or fax.

This release is valid for 60 days from date of release.

Client's Printed Name

Client or Representative Signature

Date