Crescent COVE | MAKING MOMENTS COUNT FOR KIDS & FAMILIES

Authorization to Release Information

Client's Name_____**DOB**_____

1. I request and authorize _____ to release health information of the client named above to Crescent Cove.

Information released from:

Name/Organization:_____

Address:_____

City_____St_____Zip_____

Email:_____

Fax:_____Phone:_____

Information released to:
Crescent Cove, 4201 58th Ave N., Brooklyn Center, MN 55429
Email: Admissions@CrescentCove.org Fax: 651-300-1350 Phone: 952-426-4711 x7

- ❑ **I authorize information to go to and from these agencies as needed.**

2. The purpose for this disclosure is: Upcoming respite stay

3. This request and authorization applies to:
   - ❑ Homecare Plan of Care (485), POLST, current medication lists, most recent Primary Care visits, consults from any Specialists, seizure protocol, asthma plan, and autonomic protocol, if applicable
   - ❑ Other: All health information related to a specific condition or event

     Please explain:_____
   - ❑ Other: _____

4. I understand the information to be released may include records related to behavior and/or mental health care, alcohol and drug abuse treatment, HIV/AIDS, and genetics. This authorization may be revoked at any time except to the extent that the action has been taken in reliance upon it. Revocation must be made in writing to the provider/facility releasing the information. The provider/facility will not condition treatment on whether I sign the authorization. Information use or disclosed pursuant to this authorization may be subject to redisclosure by the recipient and may no longer be protected by federal law. This authorization will expire one year from the date of signing unless I indicate on an earlier date or event here. that I may revoke this authorization at any time by sending written notice to Crescent Cove. If it is not revoked, it will expire 1 year from date of authorized representatives signature.

Name of Authorized Representative	Relationship
Signature of Authorized Representative	Date
Crescent Cove Representative Signature	Date