Silver Age
SENIOR LIVING ADVISORS

Authorization to Obtain and Release Confidential HealthCare Information

Name of person(s) seeking senior living options: _____

Name of the referral agency to obtain and release information:

Silver Age LLC
1567 Highlands Dr. NE, STE 110
Issaquah, WA 98029

Silver Age LLC will use this information for the sole purpose of locating senior living options. Information obtained and released may include the following information:

Recent medical history, known medications, and medication management needs, medical diagnoses, health concerns and the reasons for seeking care, significant known behaviors or symptoms that require special care, assistance needed with activities of daily living, cultural and language access needs, activity preferences, sleeping habits, basic information about finances, current living situation, geographic location preferences and preferences regarding other important issues, such as food and daily routine.

I authorize Silver Age to obtain and release healthcare info from the following:

☐Home Care Agencies ☐Assisted Living Facilities ☐Adult Family Homes ☐In-Home Care

☐Skilled Nursing Facilities ☐Hospitals ☐Physicians Offices ☐Other: _____

Authorizing signature:_____Date:_____

Printed name of signer:_____

Relationship of signer to person seeking options: ☐Self ☐Spouse ☐Healthcare DPOA ☐Financial DPOA

☐ Other: _____

*This authorization will expire one hundred and eighty (180) days after this document is signed.