

Caton Merchant) HOUSE

ASSISTED LIVING FACILITY Authorization to Release Confidential Information

I, _____ (Resident and/or Responsible Party) authorize Caton Merchant House to release information to the following individual(s) or agency on my behalf:

- 1.) _____
- 2.) _____
- 3.) _____
- 4.) _____
- 5.) _____
- 6.) _____

from the record of _____ (Resident name.)

Consent for use of Image and Photographs

Use of Image

From time to time, the Caton Merchant House and its parent company, Prince William Health System, take photographs for press releases, community events notices, etc. By consenting below, you hereby give the Caton Merchant House and its parent company the permission to use your picture and image for publications.

Medical Records Photographs

In addition, it is required that photos be taken for the Medical Records process at Caton Merchant House, upon admission and they must be renewed annually. These photos are strictly used for the visual identification of a Resident and his/her records. By consenting below, you give permission to Caton Merchant House to take your photos for the medical record.

Consent for Use of Image: I consent I do not consent

Consent for Medical Records Photograph: I consent I do not consent

Signature of Resident/Legal Representative

Date

This authorization permits Caton Merchant House to release only the information specified to only the person/agency named above.