



## PRIVATE HEALTH INFORMATION RELEASE

Please list the names of individuals you grant Carolina Village permission to disclose your private health information to in the event of an emergency. This may include family, friends, or other individuals you choose.

- |          |           |
|----------|-----------|
| 1. _____ | 9. _____  |
| 2. _____ | 10. _____ |
| 3. _____ | 11. _____ |
| 4. _____ | 12. _____ |
| 5. _____ | 13. _____ |
| 6. _____ | 14. _____ |
| 7. _____ | 15. _____ |
| 8. _____ | 16. _____ |

### Resident Information Board Authorization

Would you like to have your name listed on the Resident Information Board in the event that you are admitted to the hospital, Medical Center, or Care Center? This is a way of informing your friends and neighbors of your change in residence or health status.

***Please indicate your decision here by providing your initials:***

\_\_\_\_\_ YES, I would like my name to be posted on the Resident Information Board.

\_\_\_\_\_ NO, I do not want my name posted on the Resident Information Board. I understand that Carolina Village will not divulge my status to any person who may inquire, unless his or her name is listed above.

\_\_\_\_\_  
Resident Name

\_\_\_\_\_  
Apartment / Cottage No.

\_\_\_\_\_  
Resident Signature

\_\_\_\_\_  
Date

**Return this completed form to Cheryl Justus or Nora Stepp in Marketing.**