

# RESIDENCY ACKNOWLEDGEMENTS

The Gardens at Calvary

## CONSENT FOR HEALTH PROMOTION ASSISTANCE:

I hereby consent to and authorize this community, its agents, and associates to provide care and treatment to me per my request and/or as by prescribed by my physician. I further understand that I and/or my family/significant others will become responsible for the health maintenance activities in the absence of the community staff. I agree to notify my physician and/or community staff of my significant events relating to my health.

**APPLICANT INITIALS:** \_\_\_\_\_

## RELEASE OF INFORMATION:

I hereby consent to and authorize the community to disclose and release information contained in my care plan records to healthcare providers, third party payers, utilization review, professional standards review organizations, regulatory review entities and other organizations, companies, community services, etc. that may/will assist me to meet my health and wellbeing needs.

**APPLICANT INITIALS:** \_\_\_\_\_

## RIGHTS, RULES AND REGULATIONS:

I have received a copy and an explanation of the rules of the community including my rights as a resident.

**APPLICANT INITIALS:** \_\_\_\_\_

I understand what I have read or what was read to me and I agree to the terms and conditions stated/indicated above. I understand that I may terminate any of the above authorization or the entire Residency Service Agreement at any time. I certify that all information given by me to the community is correct to the best of my knowledge.

\_\_\_\_\_  
**Signature of Resident or Resident Representative**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Community Representative**

\_\_\_\_\_  
**Date**