RESIDENT RELEASE FORM -- HIPPA

I, consent to the following: (please initial each line you consent to)

- ☐ We may take a photo of you for identification purposes?
- ☐ We may post your name & room number on the facility directory boards located on each wing?
- ☐ We may post your name outside of your room?
- ☐ We may take photos of you involved in activities and use them on our activity boards though out the nursing home or in our Newsletters and or social media/Facebook page?
- ☐ We may list your birthday on the activity calendar?
- ☐ We may introduce you as a new resident at one of the meals within the first week?
- ☐ We may announce to the other residents when you are no longer a resident here?

_____

Resident Name

_____ _____

Signature: Resident/Responsible Party Date

_____ _____

Signature: Staff Member Date