

Authorization to Release Information

Client's Name: _____

Date of Birth: _____

Representative's Name: _____ spouse child DPOA, POA Legal Guardian

Client or Representative's Address: _____

Phone Number: _____

Email Address: _____

I give permission for TRIBUTE Elder Care Consulting to discuss care, health, and safety needs of the client listed above for the purpose of providing elder care information, resources, and referrals, senior housing referrals, and caregiver support.

- I authorize them to review and discuss records and health care information from, to and with any care provider agency, care facility, hospital, physician, skilled nursing facility or other health care providers and/or staff associated.
 - Additional Release Of Information (ROI) are per policy of the healthcare providers, institution, agency, care facility and providers.
- I also authorize TRIBUTE Elder Care Consulting and their associates the same ability and permission to review and discuss health, care records.
- I agree and understand that such information may be shared in care plan meetings, via email, fax, telephone calls, and electronic mailings.
- The authorization of this disclosure may change with the written notification of the client or their representatives.
- A photocopy, electronic mailing and/or fax shall be valid as original.
- This release shall be **valid for 90 days from date of signature**.

Disclosure of Services: TRIBUTE Elder Care Consulting (TECC') is an Elder Care information and referral Service agency mandated under the ELDER AND VULNERABLE ADULT REFERRAL AGENCY ACT Chapter 18.330 RCW. As a client of **TECC**; you, your family and representatives have the right to a disclosure statement. **TECC does not charge a fee to their clients or representatives for Adult Family Home (AFH), long-term senior housing referral services, and are paid directly by the AFH senior housing and care provider. TECC makes referrals and offers options to their clients and does not make direct recommendations.**

- TECC's AFH long-term care senior housing and referral services are always a NO FEE Service to our clients and their families or representatives.
- **TECC does** not require or request clients to sign waivers of potential liability for losses of personal property or injury for AFH, ALF, or LTC/SNF.
- **TECC** works with the client, family, care service facilities and supportive housing providers. We will inform the providers with details regarding the potential clients housing and care needs. In order to do so, TECC must obtain authorization to disclose confidential health care information and information identifying the client. **A RELEASE OF INFORMATION (ROI) is required and Client will need to sign ROI from health providers.**
- **TECC** conducts routine visits of the senior housing facilities we refer our clients to at minimum annually. During the referral process TECC will inform our clients if the property has been toured and share any DSHS website enforcement findings.
 - The client may without cause stop using TECC services or switch to another agency without penalty or cancellation fee to the client or representative.
 - A client may file a complaint of violations with the Attorney General's office: Attorney General Phone: Mon-Fri, 10am to 3pm, 360-753-6200 Office of the Attorney General, 1125 Washington Street SE, PO Box 40100, Olympia, WA 98504-0100
 - **TECC** receives fees from the long-term care senior housing or care providers at the Adult Family Homes (AFH) for making referrals. This fee is based on an agreement that TECC and the provider have agreed upon. TECC requests that you provide a copy of your closing/contract documents indicating the monthly charges when completed.
 - **TECC's** contract with the AFH, long-term care senior housing providers state the fee cannot be passed on to the client. Payment terms are due anywhere from 10-30 days after client has begun services with the provider. We will provide a pro-rated refund to the provider if the client passes away or moves out within 60 days at a 30% rate based on number of days services were provided. • Prior to moving into any adult family home (AFH) the client will require an assessment by a DSHS certified nurse to establish the level of care required, a care plan for the resident and determine the cost of care services. Any fees associated with the assessment are the responsibility of the client and are paid directly to the nurse providing the assessment, if applicable. TECC can, at the request of the client, coordinate scheduling of the assessment with an independent DSHS certified nurse, but is not responsible for the assessment.

I hereby acknowledge understanding of this disclosure statements and agree to authorize this release of information.

Client's Printed Name: _____

Date: _____

Client or Representative Signature: _____

Date: _____

self spouse child DPOA, POA _____ Legal Guardian

I acknowledge that I have received the Disclosure of Services and Client Authorization to Release Information and have returned it via mail, email or fax to: TRIBUTE Elder Care Consulting: 12918 126th Ct. NE, Kirkland, WA 98034, laureen@eldertribute.com or lapitan09@gmail.com, 425-922-5456.

Client or Representative Signature _____

Date: _____

self spouse child DPOA, POA _____ Legal Guardian