



2912 Main Street Suite 4  
Vancouver, WA 98663  
Ph: (360) 989-4393  
Fax: (360) 334-7772  
Email: support@iitrn.org

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Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_

AFH or AGENCY: \_\_\_\_\_

I, \_\_\_\_\_, authorize the release of any and all information and records to \_\_\_\_\_ and authorize the nurse/office at In It Together to speak with this person on my behalf. This authorization will **expire in 90 days** from the date above.

Records include (but are not limited to):

- **History and Physical**
- **Service or Care Plan**
- **Current Assessment**
- **Current Diagnoses**
- **Complete list of current medications and any drug allergies or intolerance**
- **Current treatment orders**
- **Any other records that you feel are important for the proper care of the Resident.**

Patient/Authorized Representative

Signature \_\_\_\_\_ Date \_\_\_\_\_