



Date: \_\_\_\_\_

To Whom It May Concern:

I, \_\_\_\_\_, give permission to release all of my medical and psychiatric records to Friedman Place, (Attention: Celia Johnson, RN, DON) for the purpose of evaluation for admission.

I also give permission for my doctors or other health care professionals to speak to Celia directly concerning the appropriateness of my admission to a supportive living facility.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness #1 (print and sign)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness #2 (print and sign)

\_\_\_\_\_  
Date