

## RELEASE OF INFORMATION OF HOSPITALIZED KENDAL RESIDENTS

Many Kendal residents want other residents to be informed if they have been unexpectedly admitted to a hospital. Your written authorization is needed for Kendal to provide such information. Signing this **optional** form gives Kendal permission to notify the Hospitalization Notification Committee about your change, and a Committee member will notify as many of the residents you name as can be reached in as prompt a manner as feasible.

Please note that Kendal has a separate system to notify your emergency contacts. This form is solely for the purpose of communicating your hospitalization to your Kendal friends.

If you desire that **NO RESIDENT BE INFORMED** (except spouse, partner or Durable Power of Attorney for Health Care) please sign and date below.

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(Signature)

(Date)

If you desire that other **RESIDENTS BE INFORMED** please complete the following:

I, \_\_\_\_\_, hereby authorize Kendal at Oberlin to notify  
(Print Name)  
the Hospitalization Notification Committee if I am admitted to a hospital. When the Committee is notified it will alert as many of the following named residents as can be reached. Please include the name of your buddy.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

This authorization shall remain in effect unless changed by me or a legal representative. Any changes should be made through the Department of Social Services at Kendal.

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(Signature)

(Date)

PLEASE RETURN TO THE HEALTH AND WELLNESS CLINIC. Thank you.

Joanne Busiel and Nancy Cooper, Co-Chairs, Hospitalization Notification Committee

Revised March 2013