



5844 S. Curtice Street
Littleton, CO 80120
(303) 347-9755

Applicant's Consent to Release Medical Information

I hereby authorize: _____

Any physician, clinic, hospital, nursing home, rehab center, or assisted living community to answer fully any request from The Libby Bortz Assisted Living Center for medical, psycho-social or mental health information concerning me as an applicant or while I am a Resident.

LBALC requests this information pursuant to Colorado state regulations.

Printed Name

Signature

Date

