



RELEASE OF INFORMATION

Preadmission Screening and Resident Review (PASRR) Program

Individual's Name (last, first)

Birth date

Address

What is the purpose of this Release of Information: by completing and signing this form you give permission to Ascend and its assessor to talk to people who know you, such as friends and family about your needs.

Federal and State Regulations, requires an independent assessment to be done for every person requiring or receiving nursing home care if they have known or suspected mental illness, intellectual disability, or related condition. This is done to decide whether a nursing home is the best place for that person to receive care, and if so, to name any special services or supports that the nursing home must provide. This process is required under Title 42 C.F.R. Section 483, Subpart C.

Why is this helpful to Me? To complete this assessment, it is helpful to talk with people who know you well. The reason for talking to these people is so that a decision can be made about the best services and placements for you. We must obtain your written permission to talk about your needs with individuals who are not legal guardians or medical providers.

Is information about me kept confidential? Yes, the information requested will be kept confidential and will be used only to help decide about where you should receive care.

What happens if I don't give permission? Your permission is voluntary. If you choose not to give your permission, we will not speak with others who know you well and will limit the assessment to information allowed under federal regulations.

I give permission to Ascend and its assessor to discuss my medical and mental health information. These discussions may include:

- My behavioral health history, symptoms, diagnoses, medications, and treatment plan
• My substance use history, symptoms, diagnoses, medications, and treatment plan
• My medical and functional needs and other medical history, symptoms, diagnoses, medications, and treatment plan
• Any other supports and services I may need
• Information about service providers and treatment history

Ascend and its assessor has my permission to discuss this information with:

Table with 3 columns: Name, Phone, Relationship to You. Contains three rows of empty input fields.

I understand that I do not have to sign this form and that I should only sign it if I want Ascend and its assessor to talk with the person(s) above about my needs.

This authorization expires 90 days from the date of my signature or earlier if I cancel it.

I have read and fully understand the above statements as they apply to me.

Individual's Signature

Date

What if I change my mind? You can cancel this permission by calling or writing to Ascend. Ascend, A MAXIMUS Company; 840 Crescent Centre Drive; Suite 400; Franklin, TN 37067; Phone: 1.877.431.1388; Fax: 1.877.431.9568 ext. 3475. I understand that I may cancel this permission at any time but that cancelling my permission will not affect information that has already been released.