

**Merrimack Adult Day Health Center**  
32 Daniel Webster Hwy. Suite 10, Merrimack, NH 03054  
P: 603-417-6656 F: 603-417-7113  
Celine Baribeau, Owner Email: [celine@merrimackadhc.com](mailto:celine@merrimackadhc.com)

**CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION**

**Name of individual:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

I, (print name of individual or guardian in the case of an incompetent adult),

\_\_\_\_\_ authorize:

Primary Physician Name: \_\_\_\_\_

Agency/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

**To Disclose to:**

**Name:** Merrimack Adult Day Health Center      **Address:** 32 Daniel Webster Highway, Unit 10, Merrimack, NH 03054

**The following information:**

**(Check as required)**

- Presence in treatment (verification of admission/discharge dates)
- Diagnosis
- Physical Examination
- Progress Notes
- Treatment/Service Plan
- Discharge Summary
- Other (specify) \_\_\_\_\_

**For the purposes of:**

- Treatment/Service Planning
- Insurance/Benefit/Funding source approval
- Other (specify) \_\_\_\_\_

By this release, I am not giving permission for the receiver of this information to re-disclose to any third party. I understand that my records are protected under state and federal confidentiality regulations. I understand that I may revoke this consent at any time and that in any event this consent automatically expires one year from the date below. I understand that this information may be transmitted via email.

Individual Receiving Services:	Date:
Legal Guardian:	Date:
Witness Signature:	Date: