

**Veteran Homestead, Inc.**

69 High Street  
Fitchburg, MA 01420  
Phone (978) 353-0234  
Fax (978) 345-0926

**Release of Information to:** \_\_\_\_\_

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

**Phone#:** \_\_\_\_\_

**I hereby authorize release to the Veterans Hospice Homestead, Inc. copies of hospital records, psychiatric records and criminal justice agency records to include sensitive information including drug, alcohol and HIV information.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I hereby release the Veteran Hospice Homestead, Inc. and its representatives from all claims or other liabilities arising from administration and use of such information. Further, I release any individual: corporation and government agency from liability arising from release of said information/documents to Veterans Hospice Homestead, Inc. or any of its representatives. A photocopy of this authorization is to be considered as an original. This authorization is to be effective as long as I am a resident of the Veteran Hospice Homestead.**

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

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**Witness:** \_\_\_\_\_