



CONSENT TO NOTIFY OF HOSPITALIZATION

Collington residents have the right to notify the community of any planned or unplanned hospitalization. Your written consent is needed to provide Collington residents with this information. Signing this optional form allows Collington to notify the community of your hospital transfer.

Please note that Collington has a separate process to notify your emergency contacts. This form is for the purpose of notifying the community of your hospitalization.

_____ I do not consent to notify the community of my hospitalization

OR

_____ I consent to notify the community of my hospitalization

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 Collington.

Print Name

Date

Signature

PLEASE RETURN TO THE SOCIAL SERVICES DEPARTMENT

NATOSHA BOMGARDNER x4786