

CONTACT AUTHORIZATION

PLEASE KEEP THIS FORM IN PATIENT'S RECORDS

Be advised that I, _____ have retained the services
of _____ to manage my care. Contact my Aging Life Care
Manager[®] _____ (or the on-duty Aging Life Care Manager) regarding

all care issues, including but not limited to:

- Medical Appointments
- Discharge Planning
- New Physician Orders
- Care Plan Meetings
- Transfers/Discharges
- Hospitalizations
- Falls
- Any change in status
- Illness
- Diagnosis
- Emergency

My Aging Life Care Manager can be reached by calling _____ which is
monitored 24-hours / 7-days a week.

I appreciate your cooperation in honoring my request and respecting my rights as a resident, patient, and/or client.

Signature of Client or Responsible Party

Date

If Responsible Party, relationship to Client

Card may be detached and posted in a visible location or kept in medical/emergency contact file.

IMPORTANT NOTICE

I have retained the services of an Aging Life Care Manager[®] to oversee and advocate for my care. Please keep my Aging Life Care Manager notified of any emergencies or changes in my status.

My Aging Life Care Manager is _____ and can be reached at
_____.

This number is monitored 24-hours/7-days a week, so do not hesitate to contact my
Aging Life Care Manager at _____.
(company name)

The Aging Life Care Association[®] is the professional association representing Aging Life Care Professionals[®]. An Aging Life Care Professional is a health and human services specialist who acts as a guide and advocate for families who are caring for older relatives or disabled adults. To learn more about Aging Life Care management or to locate an expert in your area, visit aginglifecare.org.