

AUTHORIZATION FORMS

Hospital Visit Authorization

According to HEPPA regulations medical information of any kind may not be given to individuals, who are not family or blood related, without permission from that individual or a designated family member or care provider. Therefore, in order for Pastor Robin Axtell (and/or other pastoral representatives of Oakdale Church) to be able to visit any Brookdale resident while he or she is in the hospital, a rehabilitation facility, or in hospice care, we ask you to complete this Hospital Visit authorization.

l,				, residing a	t Brookdale
Assisted Living in Olne	y, MD, do h	ereby give no	tice and	d authorization	that if I
should become ill or in	ncapacitated	d through any	cause t	that necessitate	es my
hospitalization, treatn	າent, or lonຄຸ	g term care in	a medi	cal facility, it is	my wish
that Pastor Robin Axte	ell (and/or o	ther pastoral	represe	entatives of Oal	kdale
Church) be given notice	ce of my cor	ndition and loc	cation,	and shall have ا	permission
to visit me, unless or u	ıntil I freely	give contrary	instruc	tions to the me	dical
personnel where I am	receiving ca	are, or to the s	staff of	Brookdale Assis	sted Living,
or to the pastors or st	aff of Oakda	ale Church.			
Executed this	day of		,		
		(month)		(year)	
at					
		(location of sig	gning)		
by (signatura):					
by (signature):		self/guardian/p	ower of	attorney)	·
	,	seij, gaaraian, p	ower of	uttorney	
Witness Signature:					

Visitation Opt-Out at Brookdale Assisted Living

As part of Oakdale Church's ministry at Brookdale Assisted Living in Olney, MD, Pastor Robin Axtell and/or other pastoral representatives of the church will make visits to each resident to provide support and encouragement, build relationship, and check on their spiritual wellbeing. If you do NOT want a visit from Pastor Robin or any other pastoral representative of the church, please check the box below and sign.

I do **NOT** wish to have any visits from Pastor Robin Axtell or other pastoral representatives of Oakdale Church.

gnature:					
	(self/guardian/power of attorney)				

Notice of Photographic and Media Recording

This notice serves to inform the staff, residents, and guests of Brookdale Assisted Living that photography, audio, and video recording may occur during the worship services, ministries, events, or programs hosted by Oakdale Church. By participating in any of those activities and events, you give consent to the recording and broadcast of your appearance, testimony, likeness, image, voice, performance and persona; and the right for Oakdale Church to use those recordings and broadcasts in any manner and for any purposes, without restrictions or limitations, as Oakdale deems appropriate.

This notice is meant to fully inform you of your consent and waiver of liability and release before you participate in any Oakdale Church activity or event. If you have any questions or concerns, please contact our Communications department at 301-774-2030 ext. 315.