



DEER LODGE CENTRE

*Making lives better*

**AUTHORIZATION AND RELEASE FORM**  
**FOR CARE AND TREATMENT BY NON-DEER LODGE CENTRE PERSONNEL**

I, \_\_\_\_\_  
(Name of Patient/Resident or Guardian)

hereby document my desire and intent to obtain the services of the following:

\_\_\_\_\_  
(Identify Name of Agency/Name and Qualifications of Individual Carrying Out the Services)

For the purposes of providing the following:

\_\_\_\_\_  
(Specify Nature of Activity to be Carried Out by the Agency/Individual)

To: \_\_\_\_\_  
(Specify "myself" if completed by Patient/Resident, or  
Name of Patient if completed by family/substitute decision maker)

On the following terms:

1. \_\_\_\_\_  
(Name of Non-DEER LODGE CENTRE Personnel)

(Hereinafter called the "non-Deer Lodge Centre Personnel") is retained solely by myself independent of Deer Lodge Centre. The non-Deer Lodge Centre Personnel is neither an employee nor an agent of the Deer Lodge Centre. Deer Lodge Centre is not responsible for paying salary, benefits or any other remuneration to the non-Deer Lodge Centre Personnel.

2. I acknowledge that the non-Deer Lodge Centre Personnel has liability insurance in the amount of \$\_\_\_\_\_ to cover any claims made against him or her arising from or relating to any services provided by the non-Deer Lodge Centre Personnel. If the insurance of the non-Deer Lodge Centre Personnel is not sufficient to satisfy such claims or to indemnify Deer Lodge Centre should a claim be made against it for services, actions or failure to act, by the non-Deer Lodge Centre Personnel, the non-Deer Lodge Centre Personnel and I, the undersigned, agree jointly and severally to:

- a) release Deer Lodge Centre, its agents and employees from all claims rising from or relating to the care or treatment provided by the non-Deer Lodge Centre Personnel;
  - b) personally indemnify Deer Lodge Centre, its agents and employees from any claims or costs arising from or relating to the care or treatment provided by the non-Deer Lodge Centre Personnel.
3. Deer Lodge Centre is hereby authorized to divulge **relevant diagnoses and information** relating to the patient/resident to the non-Deer Lodge Centre Personnel.
  4. I, the undersigned, hereby assume responsibility for all costs and charges relating to the provision of the services to be performed by the non-Deer Lodge Centre Personnel.
  5. **I understand that it is my responsibility to notify my attending physician of my desire to employ/use a non-Deer Lodge Centre Personnel.**
  6. No services shall be provided by the non-Deer Lodge Centre Personnel until I and the Non-Deer Lodge Centre Personnel have executed this Authorization and Release Form.
  7. Should either the interdisciplinary team or the attending physician consider that the service provided by the non-Deer Lodge Centre Personnel is detrimental or obstructive to my care within Deer Lodge Centre, I acknowledge that I:
    - a) will direct the non-Deer Lodge Centre Personnel to cease provision of services;
    - or
    - b) may be discharged from Deer Lodge Centre if I choose to continue to receive care from the non-Deer Lodge Centre Personnel.

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

Signature: \_\_\_\_\_ Witness: \_\_\_\_\_  
 (Patient/Resident/Family/Substitute Decision Maker)

**AGREEMENT AND ACKNOWLEDGEMENT BY NON-DEER LODGE CENTRE PERSONNEL**

I, \_\_\_\_\_  
 (Name of non-Deer Lodge Centre Personnel)

have read and unconditionally agree to the terms set forth in this Authorization and Release Form

and further agree to provide my services in a manner compatible with the values and operational procedures and practices of Deer Lodge Centre.

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

Signature: \_\_\_\_\_ Witness: \_\_\_\_\_  
 (Non-Deer Lodge Centre Caregiver)