

**RESIDENT AUTHORIZATION FORM**

**B. Permission to Review Medical/Social/Financial Records**

\_\_\_\_\_ (Name) \_\_\_\_\_ (Title)

has my permission \_\_\_\_\_ to view my  
(Resident's Name)

medical/social/financial records in order to pursue complaint resolution on my  
behalf at \_\_\_\_\_.  
(Facility)

\_\_\_\_\_  
Resident Signature Date

\_\_\_\_\_  
Witness Signature Date