



**Sandra's Nursing Services L.L.C.**

21106 Tall Cedar Way  
Germantown, MD 20876  
Office Phone: 301-212-7106  
Fax: 301-212-7108  
EMAIL:ROUSERN@VERIZON.NET

**Sandra's Nursing Services, L.L.C. Authorization**

I hereby authorize Sandra's Nursing Services, L.L.C. to provide comprehensive, efficient, and quality personal care aide and Registered Nurse Monitor services to assist me with my needs to integrate into the community. I have received contact information for Sandra's Nursing Services, L.L.C.

I understand that Sandra's Nursing Services, L.L.C. is in compliance with applicable state and federal law, will handle all information obtained in a confidential manner and will disclose this information only as is reasonably necessary to assist me to accomplish my goals.

I understand that I may revoke this authorization by written and dated communication to Sandra's Nursing Services, L.L.C. at any time except to the extent that action has been taken in reliance thereon. Unless so revoked by me, this authorization shall remain in effect for one year from day of signature below.

I understand that a photocopy of this authorization shall have the same validity as the original.

I understand that any person signing this authorization has the right to receive a copy of it.

I agree to the release of the following records to the resource coordinator I have chosen: Please circle yes or no.

Medical Records	Yes	No
Psychological/Behavior Evaluations	Yes	No
Educational Records	Yes	No
Justice Department Records	Yes	No
Housing Records	Yes	No
Vocational Evaluations	Yes	No
Information about Caregiver(s)	Yes	No
Other professional assessments and documentation	Yes	No

Printed Name of Client \_\_\_\_\_

Signature of Client \_\_\_\_\_

Date \_\_\_\_\_

Signature of Parent or Guardian if Minor (Under 21) \_\_\_\_\_

Date \_\_\_\_\_

Signature of Person Authorized to Sign in Lieu of Client \_\_\_\_\_

Date \_\_\_\_\_

Signature of Witness \_\_\_\_\_

Date \_\_\_\_\_