

**The Commonwealth of Massachusetts**  
Executive Office of Health and Human Services  
Soldiers' Home in Holyoke  
110 Cherry Street  
Holyoke, MA 01040-2829  
TEL: (413) 532-9475 FAX: (413) 538-7968  
[www.mass.gov/hly/](http://www.mass.gov/hly/)

**CHARLES D. BAKER**  
Governor

**MARYLOU SUDDERS**  
Secretary, EOHHS

**KARYN E. POLITO**  
Lieutenant Governor

**BENNETT W. WALSH**  
Superintendent

**ADMISSIONS APPLICATION**  
Soldiers' Home in Holyoke

Thank you for your interest in the Soldiers' Home in Holyoke.

The Soldiers' Home in Holyoke is currently accepting applications for those Veterans who are seeking long term care due to their **current medical and safety needs not being met at this time**. If you believe that you or your loved one is currently in need of long term care please continue to complete the application in its entirety.

Our admissions process is based on the medical need of the Veteran and on available bed space within our facility. Consideration is given to Veterans who experience changes in their medical condition that results in safety concerns, decreased mobility, impaired judgment, or loss of self-care skills.

**This application must be signed by the Veteran Applicant OR by one of the following individuals: his or her LEGAL GUARDIAN, or an INVOKED HEALTH CARE PROXY. If this application is filled out by the Veteran's Guardian or the Veteran's invoked Health Care Proxy, appropriate legal documentation must be submitted with this application.**

Once completed, please return the application along with proof of eligibility, (copy of your Certificate of Release or Discharge from Active Duty – DD Form 214), copy of Health Care Proxy, and Power of Attorney to: The Soldiers' Home in Holyoke, 110 Cherry Street, Holyoke, MA 01040-2892, Attn: Admitting.

We have also included three (3) attachments with the application:

ATTACHMENT A: This form must be completed by the Veteran's primary care physician and returned with the application.

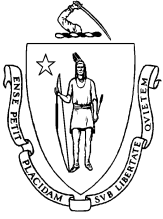
ATTACHMENT B: Acknowledgement of Receipt of HIPAA Privacy Notice. Please sign appropriately and return with the application.

ATTACHMENT C: Informs you of how the Soldiers' Home may use and disclose information about you as well as how you can get access to this information and is for you to retain for your records (HIPAA Privacy Notice). Retain for your records.

To save time before you start to fill out the application, check to see that you meet the basic qualifications for admission. In brief, these qualifications are: **1)** Proof of Massachusetts residency; and **2)** You served in the Armed Forces of the United States for a period of at least 90 days of active-duty service of which one (1) day was during "wartime" or served at least 180 days of regular active-duty service; and **3)** You received a last discharge or release from service under honorable conditions.

It is our pleasure to be of assistance to any eligible veteran seeking admission to the Soldiers' Home in Holyoke. If, at any time, you have any questions about this admission process or about your eligibility, please do not hesitate to contact me directly at 413-552-4764.

Sincerely,  
Scott Zacharie  
Admissions Coordinator  
The Soldiers' Home in Holyoke



**The Commonwealth of Massachusetts**  
 Executive Office of Health and Human Services  
 Soldiers' Home in Holyoke  
 110 Cherry Street  
 Holyoke, MA 01040-2829  
 TEL: (413) 532-9475 FAX: (413) 538-7968  
 www.mass.gov/hly/

**Soldiers' Home in Holyoke**  
**Application for Admission to Long Term Care**

The information gathered in this form will be used to assess the Veterans' current needs. This information will help determine the urgency for which the Veteran should be admitted.

**1. Name / relationship of person providing information if other than Veteran applicant:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E – Mail Address: \_\_\_\_\_

**2. Veteran's name:** \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Parents' Names: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Current Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E – Mail Address: \_\_\_\_\_

Primary Language: \_\_\_\_\_ Branch of Service: \_\_\_\_\_

Dates of military active-duty service? From: \_\_\_\_\_ To: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

Marital Status:  Married  Divorced  Widowed  Never Married Religion: \_\_\_\_\_

**I (Veteran Applicant) am a bona fide resident of the Commonwealth of Massachusetts.** Initial Here: \_\_\_\_\_.  
*I understand that I will be required to submit a copy of at least one item that establishes proof of my residency. Examples include: Valid Massachusetts Driver's License; Official Massachusetts ID Card; Registered Voter Status; Utility bill or bill from your current residence that shows the applicant's residence; Paying Massachusetts Income Taxes as a resident.*

**3. Does the Veteran have a Health Care Proxy naming a Health Care Agent?**  Yes **(Provide Copy)**  No

Has the Health Care Proxy been invoked?

Yes **A health care provider has determined the Veteran lacks the capacity to make medical decisions.**

**A signed order from the provider must be submitted with this application. The Health Care Proxy will be responsible for signing appropriate documents.**

No **If the Health Care Proxy has not been invoked, the Veteran applicant will be responsible for signing appropriate documents.**

**Soldiers' Home in Holyoke  
Application for Admission to Long Term Care**

4. **Does the Veteran Have a Power of Attorney?**  Yes **(Provide Copy)**  No

If a Durable Power of Attorney is instated, documentation must be filed. The Power of Attorney will be responsible for signing appropriate paperwork. Note if signing medical documents the Power of Attorney must state the individual named is authorized to do so. Please review POA paperwork with our legal department.

5. **Has Guardian been appointed?**  Yes  No

*If Guardian has been appointed, a valid Court Order must be supplied, indicating the Guardian has the right to admit the Veteran to a long term care facility.*

6. **Does the Veteran have a diagnosis of Alzheimer's disease?**  Yes  No

7. **Does the Veteran have a diagnosis of Dementia?**  Yes  No

If yes: Would you like a referral to the Alzheimer's Association, which can offer additional resources and counseling available in the community?  Yes  No

8. **Does the Veteran have any industrial or automobile accident litigation pending or active involving insurance and liability of another?**  Yes  No

9. **Is Veteran currently enrolled in VA health care?**

Yes, at what Medical Center/Clinic? \_\_\_\_\_  No

10. **Does Veteran have a VA Service Connected Disability?**  Yes, what is the percentage? \_\_\_\_\_  No

***Due to limited number of beds at the Soldiers' Home in Holyoke, alternate placement may be available through the Department of Veterans Affairs. If the Veteran has a 70%-100% Service Connected Disability, please contact the VA Medical Center in Leeds, MA at 413-584-4040 and ask to speak to a Social Worker in regards to eligibility for long term care services.***

11. **Is the Veteran on Hospice?**

Yes **If the Veteran is on Hospice, please provide Hospice Records, please finish filling out the application, sign and date page 6 appropriately as well as attachment B and return the application, attachment B and along with proof of eligibility (copy of of the Certificate of Release or Discharge from Active Duty – DD Form 214) to: The Soldiers' Home in Holyoke, 110 Cherry Street, Holyoke MA 01040-2892, Attn: Admitting. (please retain Attachment C for your records).**

No **If the Veteran is not on Hospice, please finish filling out the form and return it along with Attachment A Attachment B and proof of eligibility (copy of the Certificate of Release or Discharge from Active Duty – DD Form 214) to: The Soldiers' Home in Holyoke, 110 Cherry Street, Holyoke MA 01040-2892, Attn: Admitting. (please retain Attachment C for your records).**

## Soldiers' Home in Holyoke Application for Admission to Long Term Care

**12. Where is the Veteran currently living?**

In Long Term Care Facility

Where? \_\_\_\_\_

How long? \_\_\_\_\_

In own residence with adult companion

Home alone

Homeless

**13. Does the Veteran require a caregiver?**

Yes  No

**14. If yes, who is the primary caregiver?**

Licensed Healthcare Provider

Frequency of Visits: \_\_\_\_\_

Duration of Visits: \_\_\_\_\_

Family member in good health

Frequency of Visits: \_\_\_\_\_

Duration of Visits: \_\_\_\_\_

Elderly family member or spouse with health issues

Frequency of Visits: \_\_\_\_\_

Duration of Visits: \_\_\_\_\_

No caregiver

**15. Does the Veteran have a history of wandering?**

Yes  No

**16. Does the Veteran have a history of falls?**

Yes  No

**17. Does the Veteran have a history of cognitive deficits? (Impaired judgment, impulsivity)**

Yes  No

**18. Does the Veteran have a history of mental health issues?**

Yes  No

If yes, of what nature? \_\_\_\_\_

Are these issues active?  Yes  No

Have these issues been treated?  Yes  No

## Soldiers' Home in Holyoke Application for Admission to Long Term Care

19. Does the Veteran have a history of substance abuse issues?

Yes  No

If yes, of what nature? \_\_\_\_\_

Are these issues active?  Yes  No

Have these issues been treated?  Yes  No

20. Does the Veteran have a history of aggression or assault?

Yes  No

If yes, of what nature? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

21. Are there any other unique or special circumstances or needs that you feel we should be aware of such as:  
tracheotomy, OCD, unusual eating or sleeping patterns, daily rituals, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Soldiers' Home in Holyoke Application for Admission to Long Term Care

**22. The following information allows our team to understand a snap-shot of your functional abilities and needs**

Please place a check mark in the appropriate box which best describes your level of function:

	Can do all by myself: No help needed	Can do most by myself: need just a little help	Can do some by myself: need some help	Can do very little by myself: need a lot of help	Unable to do at all
Meal preparation					
Laundry					
Walk – uses any device(s)?					
Bath self					
Dress self					
Toilet self					
Feed self					
Mobility outside of your home					
Shopping					
Pay your bills					

23. Are you able to leave your home safely in case of an emergency?  Yes  No

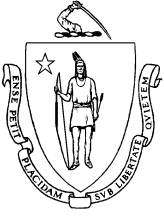
24. Is there anyone in your place of residence to help you in case of an emergency?  Yes  No

25. Can you briefly describe how the Soldier's Home can help your quality of life?









**ATTACHMENT B**

**The Commonwealth of Massachusetts**  
Executive Office of Health and Human  
Services  
Soldiers' Home in Holyoke  
110 Cherry Street  
Holyoke, MA 01040-2829  
TEL: (413) 532-9475 FAX: (413) 538-7968  
www.mass.gov/hly/

**Acknowledgement of Receipt of HIPAA Privacy Notice**

I \_\_\_\_\_, veteran/veteran's representative, do hereby acknowledge receipt of the Notice of Privacy Practices as established by the Soldiers' Home in Holyoke.

\_\_\_\_\_  
Veteran Signature

\_\_\_\_\_  
Veteran Printed Name

\_\_\_\_\_  
Date

or

\_\_\_\_\_  
Health Care Proxy Signature

\_\_\_\_\_  
Health Care Proxy Printed Name

\_\_\_\_\_  
Date

or

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Guardian Printed Name

\_\_\_\_\_  
Date

or

\_\_\_\_\_  
Facility Representative

\_\_\_\_\_  
Date

**NOTE: All documents should be signed by the Veteran Applicant. If the Veteran Applicant is unable to sign, his or her INVOKED HEALTH CARE PROXY, POWER OF ATTORNEY or LEGAL GUARDIAN may sign provided the necessary forms stating they have the right to do so have been filed.**

## **ATTACHMENT C**

---

### **THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**Should you have any questions about this notice, please contact the General Counsel's Office for the Soldiers' Home in Holyoke at (413) 552-4704**

---

This notice describes the Soldiers' Home in Holyoke practices and those of:

- Any health care professional authorized to enter information into your medical chart.
- All departments of the Soldiers' Home in Holyoke.
- Any member of a volunteer group we allow to help you while you are at the Soldiers' Home in Holyoke.
- All employees, staff and other personnel.

### **OUR PLEDGE REGARDING MEDICAL INFORMATION**

The Soldiers' Home in Holyoke understands that medical information about you and your health is personal. We will continue our commitment to protect your medical information. We create a record of the care and service you receive at the Soldiers' Home in Holyoke. This record is required to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the Soldiers' Home in Holyoke, whether made by our personnel or your personal physician. Any physician outside the Soldiers' Home in Holyoke may have different policies or notices regarding his/her use of your medical information created at his/her office.

This notice will tell you about the ways in which the Soldiers' Home in Holyoke may use and disclose the medical information it has about you. We will also describe your rights and obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- make sure that medical information that identifies you is kept private;
- give you this notice of our legal obligations and privacy practices with respect to medical information about you; and
- Abide by the terms of this notice or any modifications to it.

### **HOW THE SOLDIERS' HOME IN HOLYOKE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU**

These following categories describe the different ways that the Soldiers' Home in Holyoke uses and discloses medical information. For each category of use or disclosure, we will explain what is meant and try to give an example. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

**For Treatment:** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to physicians, nurses, technicians, or other personnel of the Soldiers' Home in Holyoke or contracted personnel of the Soldiers' Home in Holyoke who are involved in taking care of you either as an inpatient or outpatient. For example, the physician treating you for a heart condition may need to know if you have diabetes because of the effects diabetes may have on you. In addition, the physician may need to tell the dietician that you are diabetic in order that your meals as an inpatient may be arranged. Different departments of the Soldiers' Home in Holyoke may also share medical information about you in order to coordinate the different services you may need, such as prescriptions, lab work, x-rays and therapy. We may also disclose medical information about you to people outside the Soldiers' Home in Holyoke who may be involved in your medical care such as family members, health care proxy, or others we use to provide services that are part of your care.

**For Payment:** We may use and disclose medical information about you so that the treatment and services you receive at the Soldiers' Home in Holyoke may be billed and payment may be collected from you, your insurance carrier or a third party. For example, we may need to give your health plan information about services you received at the Soldiers' Home in Holyoke so that your health plan will pay us or reimburse you. The Soldiers' Home in Holyoke may also tell your health plan about a treatment you are going to receive in order to obtain prior approval and to determine whether your plan will cover the treatment.

**For Health Care Operations:** The Soldiers' Home in Holyoke may use and disclose information about you for our own operations. These uses and disclosures are necessary to run the Soldiers' Home in Holyoke and make sure that all our veterans receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many of our veterans in order to decide what additional services the Soldiers' Home in Holyoke should offer, what services may not be needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians and other personnel for review. We may also combine the medical information we have with medical information from other state Soldiers' Homes or VA Hospitals in order to compare how we are doing and to ascertain where we can make improvements in the care and services we provide. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific veteran may be.

**Appointment Reminders:** The Soldiers' Home in Holyoke will not use or disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at the Soldiers' Home in Holyoke unless you have specifically authorized us, in writing, to do so.

**Patient Directory:** We may include certain limited information about you in the directory while you are an inpatient at the Soldiers' Home in Holyoke. This information may include your name, location within the Soldiers' Home, your general condition and your religious affiliation. This information, excluding your religious affiliation, may also be released to a person who asks for you by name. Your religious affiliation may be given to a member of the clergy such as a priest, minister or rabbi, even if they don't ask for you by name. You have a right to further limit this information and if your request is in writing, we will abide by your request until such time as we are otherwise notified.

**Individuals Involved in Your Care or Payment for Your Care:** We may release medical information about you to a friend or family member whom you have designated as your health care proxy or you have authorized us to release medical information. We may also tell your family or friends your general condition and your location in the Soldiers' Home in Holyoke. We may also disclose medical information about you to an entity assisting in disaster relief efforts, so that your family can be notified about your condition, status and location.

**As Required by Law:** The Soldiers' Home in Holyoke will disclose medical information about you when so required to do by federal, state or local law.

**To Avert a Serious Threat to Health or Safety:** We may use and disclose medical information about you when necessary to prevent a serious threat to your health, and safety or the health and safety of the public or another person. Any disclosure, however, would be to someone able to help prevent the threat.

## **SPECIAL SITUATIONS**

**Organ and Tissue Donation:** If you are an organ donor, we may release medical information to organizations that handle organ procurement on organ, eye or tissue transplantation or to an organ donation bank, as is necessary to facilitate the organ or tissue donation and transplantation.

**Military and Veterans:** If you are or were a member of the armed forces, we may release medical information about you as may be required by the Department of Veterans Affairs. This disclosure is necessary for the Department of Veterans Affairs to determine if you are eligible for certain benefits.

**Public Health Risks:** The Soldiers' Home in Holyoke may disclose medical information about you for public health activities. These activities generally include the following:

- to prevent or control disease, injury or disability;
- to report deaths;
- to report abuse or neglect;
- to report reactions to medications or problems with products;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; or
- to notify the appropriate governmental authority if we believe a veteran has been the victim of abuse, neglect or domestic violence. We will only make this disclosure when it is required or authorized by law.

**Health Oversight Activities:** The Soldiers' Home in Holyoke may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections and licensure. The Soldiers' Home in Holyoke is inspected from time to time by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO); the Department of Veterans Affairs (VA) and the Department of Public Health (DPH). These entities are a few but not all the entities, which may provide inspections or licensure. These investigations, audits, and inspections are necessary for the federal and state government to monitor the health care system, governmental programs and compliance with civil rights laws.

**Lawsuits and Disputes:** The Soldiers' Home in Holyoke may disclose medical information about you in response to a lawsuit or a dispute only if required by a court or administrative order. We may disclose medical information about you in response to a subpoena, discovery request or other lawful process made by someone else involved in the dispute but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**Law Enforcement:** The Soldiers' Home in Holyoke may release medical information if asked to do so by a law enforcement official:

- in response to a court order, subpoena, warrant, summons or similar process;
- about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- about a death which is believed may be the result of criminal conduct;
- about criminal conduct at the Soldiers' Home in Holyoke;
- to identify or locate a suspect, fugitive, material witness, or missing person; and
- in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

**Coroners, Medical Examiners and Funeral Directors:** The Soldiers' Home in Holyoke may release medical information to a coroner or medical examiner. This may be necessary, for example, to determine the cause of death. We may also release medical information about patients of the Soldiers' Home in Holyoke to funeral directors as necessary to carry out their duties, if we are so authorized by you.

**National Security and Intelligence Activities:** The Soldiers' Home in Holyoke may release medical information about you to authorized federal officials for intelligence, counter intelligence, and other national security activities authorized by law.

**Protective Services for the President and Others:** The Soldiers' Home in Holyoke may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

## **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

You have the following rights regarding medical information we maintain about you:

**Right to Inspect and Copy:** You have a right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records but does not include psychotherapy notes.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Medical Record Department. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

**Right to Amend:** In the event, you feel that the medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Soldiers' Home in Holyoke.

To request an amendment, your request must be made in writing and submitted to the HIPAA Privacy Officer. Your request must be supported by a reason for the amendment.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the medical information kept by or for the hospital;
- is not part of the information which you would be permitted to inspect and copy; or
- is accurate and complete.

**Right to an Accounting or Disclosures:** You have the right to request an “account of disclosures.” This is a list of the disclosures we made of medical information about you.

To request this list of accounting of disclosures, you must submit your request in writing to the HIPAA Privacy Officer. Your request must state a time period, which may not be longer than six (6) years and may not include dates before April 16, 2003. Your request should indicate in what form you want the list (for example, paper, electronically). The first list you request within a twelve (12) month period will be provided free of charge. For any additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right to Request Restrictions:** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery or procedure you had.

**We are not Required to Agree with Your Request:** If the Soldiers' Home in Holyoke does not agree, we will comply with the request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to the HIPAA Privacy Officer. In your request you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse or family.

**Right to Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to the HIPAA Privacy Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**Right to a Copy of this Notice:** You have a right to a copy of this notice. You may ask us to give you a copy of this notice at any time. Upon signing this notice, a copy will automatically be given to you.

## **CHANGES TO THIS NOTICE**

We reserve the right to change this notice. We reserve the right to make the revisions or changes effective for medical information we already have about you as well as any information we receive in the future. A copy of any current notice will be posted in the Soldiers' Home in Holyoke in each care center and other conspicuous places. The notice so posted will contain on the first page, lower left-hand corner, the effective date. In addition, each time you register as an outpatient for treatment or health care services, we will offer you a copy of the current notice in effect.

## **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with the Soldiers' Home in Holyoke or with the Secretary of the Department of Health and Human Services.

To file a complaint with the Soldiers' Home in Holyoke, contact General Counsel, at 413-552-4704. All complaints must be submitted in writing. You may also contact Region I (Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont) Boston Office of Civil Rights to lodge a complaint.

Their contact information is:

Regional Manager  
Government Center  
J.F. Kennedy Federal Building - Room 1875  
Boston, MA 02203  
Telephone: 617-565-1340  
Fax: 617-565-3809  
TDD: 617-565-1343  
Web site: [www.hhs.gov/ocr/hipaa/](http://www.hhs.gov/ocr/hipaa/)

**This notice becomes effective on April 14, 2003**

**You will not be penalized for filing a complaint.**

## **OTHER USES OF MEDICAL INFORMATION**

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you give us permission to use or disclose medical information about you, you may revoke that permission at any time. Your revocation must be in writing. If you revoke your permission, we will immediately cease to use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are not able to take back any disclosures we have already made with your permission, and that our obligation to retain your record of the care that has been provided to you will be maintained.