

AUTHORIZATION TO USE OR DISCLOSE PROTECTED HEALTH INFORMATION

I hereby authorize **NW Senior Resources** to disclose specific information regarding

_____ (person needing care) to senior housing providers for the limited purpose of finding appropriate housing for (check all that apply):

- _____ Myself
- _____ A person for whom I am a Power of Attorney
- _____ A person for whom I am a Healthcare Representative
- _____ A person for whom I am a Guardian/Conservator
- _____ Other _____

Disclosed information may include:

1. Medical information provided by myself, family members (including the person needing care), medical staff, hospital staff, information collected from a representative of NW Senior Resources based on an onsite evaluation, notes of any communication to or from any person, correspondence, records received from others.
2. Basic financial information as it relates to an ability to pay privately for care services/housing.

If the information to be disclosed contains any type of records or information listed below, additional laws relating to the use and disclosure of the information may apply. I understand and agree that this information will be disclosed if I place my initials in the applicable space next to the type of information:

- _____ Mental health/Counseling
- _____ Drug/alcohol diagnosis, treatment, or referral
- _____ Medical or recreational marijuana use
- _____ Human Immunodeficiency Virus/AIDS

REDISCLOSURE: I understand that the information used or disclosed pursuant to this authorization may be subject to re-disclosure and no longer be protected under federal law.

PROVIDER INFORMATION: I understand that I do not need to sign this authorization. I understand that if I refuse to provide all the information to NW Senior Resources and/or a senior housing community, they may not be able to provide an adequate assessment of my needs.

REVOCAION: I understand that I may revoke this authorization in writing at any time. If I revoke my authorization, the information described above may no longer be used or disclosed for the purposes described in this written authorization. Any use or disclosure already made with my permission cannot be undone. To revoke this authorization, I will send a written statement to NW Senior Resources at julie@nwseniorresources.com, and state that I am revoking this authorization.

I agree to this authorization on this ____ Day of _____, 20____. By

Signature: _____

Printed Name: _____

