### RESIDENT AUTHORIZATION FORM

RESIDENT TO COMMUNITY

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| Resident Name: |  |
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1. I hereby authorize \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [COMMUNITY NAME] (the “Community”) through its business associate, Accushield, LLC toprovide the Resident’s protected health information (“PHI”) as described in Section 4 to the resident, the resident’s authorized representative, or the third party recipient(s) named below. I am authorized to request the disclosure of the Resident’s PHI as “Resident”
2. One service being offered to residents by Accushield is an online, secure platform (the “Guardian Dashboard”) to give residents, their legal representatives, and their families information and therefore greater peace of mind about those individuals who visit the resident at the Community for purposes of providing social and care management services. The use of the Guardian Dashboard is entirely voluntary.

If a resident chooses to participate in the Guardian Dashboard program, the resident, his or her legal representative, and anyone expressly named in paragraph 3 below will be able to access online the resident’s visitor’s log, which includes information such as the names, purpose of visit, check-in and check-out times of all persons who visit the resident at the Community (the “Visitor’s Log”).

While Accushield takes its obligation to safeguard every resident’s information seriously, residents or their legal representatives and any individuals authorized by this form (Authorized Individuals”) are solely responsible for maintaining the security of their information, including User IDs and passwords, needed to access the Guardian Dashboard.

1. The name(s) of the person(s) authorized to receive and use the Resident’s PHI and to access the Guardian Dashboard ("Authorized Individuals") is:

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_

Resident may add or remove Authorized Individuals at any time by mailing, emailing or personally delivering a signed, written notice of change of Authorized Individuals to Community or Accushield, LLC on Community's behalf at the following address and email address: Accushield, LLC, 2030 Powers Ferry Rd SE, Suite 360, Atlanta, GA, 30339; Email: consent@accushield.com Changes requested in such notice will be effective upon receipt, except to the extent that Accushield and the Community has taken action in reliance on this Authorization.

**Notice to recipient of PHI disclosed under this Authorization**: The information received by you pursuant to this Authorization has been disclosed to you from confidential records which are protected by state and federal law that prohibits further re-disclosure of the information without an express written authorization provided by the signatory below or as otherwise permitted by law.

1. Types of Records to Be Disclosed:

I authorize the Community, through Accushield, to discuss with Authorized Individuals information related to persons who visit Resident at the Community for social and care management purposes.

I authorize the Community, through Accushield, to share with Authorized Individuals all of the Resident’s PHI maintained in the Accushield Guardian Dashboard program, including but not limited to, Resident’s identifying information, visitor name, visitor’s reason for visit, and visitor check-in and check-out times.

1. Resident’s requested records are being used or disclosed in order to facilitate Resident’s and Authorized Individuals’ participation in the Guardian Dashboard program offered by Accushield in its capacity as business associate of the Community.
2. I understand that:
   1. Signing this Authorization is voluntary, and I may not be required to sign this Authorization as a condition to Resident obtaining treatment or payment or Resident’s eligibility for benefits.
   2. The Community or Accushield will provide me with a copy of this Authorization upon request.
   3. I may revoke this Authorization as provided in Section 3 above. Such revocation will be effective upon receipt, except to the extent that the Community or Accushield has taken action in reliance on this Authorization.
   4. The recipient of Resident’s PHI disclosed under this Authorization could potentially re-disclose this information without seeking another authorization, and such re-disclosure is no longer protected by this Authorization.
   5. I understand that PHI disclosed under this Authorization cannot be used for any purposes other than as set forth herein, unless such information has been de-identified as provided in 42 C.F.R. § 164.514.

This Authorization will expire on the date Resident terminates his/her participation in the Guardian Dashboard program.

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| Signature of Resident |  | Telephone Number |
|  |  |  |
| Printed Name |  | Date |
| Resident Address: |  |  |
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