

Attentive Home Care - AUTHORIZATION TO SHARE INFORMATION

Name: _____ Date _____

Indicate below the people with whom Attentive Home Care may or may not share your protected personal health information.

Note: Attentive Home Care will share information as stated in the Notice of Use Disclosure Practices.

Attentive Home Care may share my protected health information with the following (initial all that pertain and the names of the individuals by category.

1. _____
2. _____
3. _____
4. _____
5. _____

____ I do not want my protected personal health information shared with anyone

____ I do not want my protected personal health information shared with the following specific people:

Resident/Responsible Party Signature Date

Relationship of Responsible Party _____

Witness:

