

AUTHORIZATION TO COLLECT CONSUMER HEALTH DATA

Resident Name: _____

Address: _____

Community Name: Timber Ridge OPCO LLC d/b/a Timber Ridge at Talus ("Community")

I authorize this Community to collect my consumer health data as described in the Notice of Privacy Practices and summarized below.

Type of information: The following types of information may be collected:

- Hospital records
- Records related to consultations with doctors
- Physician orders
- Therapy referrals
- Information related to a Resident's health insurance
- Health Center medical records
- Vaccination records
- Medications
- Ambulatory ability
- Therapy records and notes
- Special medical device needs (oxygen, pacemaker, catheters, ostomies, other)
- Medical history and pre-existing conditions
- Home care notes
- Cognitive health scores
- Advance Directives
- Durable Power of Attorney

How We Will Use Your Consumer Health Data:

We may use consumer health data collected for you for one or more of the following purposes, all as further detailed in the Notice of Privacy Practices:

- Your care and treatment
- Preparing invoices and collecting payment
- Health care operations
- Maintaining a Community directory
- Promoting Community culture
- Responding to emergencies
- Disaster relief
- As required by law or regulatory body
- Public health activities
- Reporting victims of abuse, neglect, or domestic violence
- Health oversight activities
- Judicial and administrative proceedings
- Facilitating end-of-life organ donations
- Fundraising

Authorization Statements/Signatures:

By signing this *Authorization to Collect Consumer Health Data*, I expressly consent to Timber Ridge's collection of my consumer health data as set forth herein and the *Notice of Privacy Practices*, and I understand each of the following.

1. This authorization will continue until revoked by me.
2. I have a right to revoke this authorization at any time. I understand that if I revoke this authorization, I must do so in writing and present my written revocation to the Community's executive director in person or through electronic mail.
3. Timber Ridge will not condition the provision of care or treatment to me on my provision of consent hereunder.
4. Notwithstanding my express consent hereunder, Timber Ridge may collect my consumer health data as required to provide services I have requested.
5. I have the right to request and receive a copy of this executed authorization.

Signature of Resident or Personal Representative

Print Name

Date