

AUTHORIZATION TO SHARE CONSUMER HEALTH DATA

Resident Name: _____

Address: _____

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

I authorize Timber Ridge to share my consumer health data as described in the Notice of Privacy Practices and summarized below. I understand that Timber Ridge does not sell my consumer health data to any third party in exchange for a cash payment.

Type of information: The type of information to be shared is as follows:

- Hospital records
- Records related to consultations with doctors
- Physician orders
- Therapy referrals
- Information related to my 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

Reason for Sharing Your Consumer Health Data:

We may share consumer health data collected from you with third parties 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

Categories of Entities With Whom We May Share Your Consumer Health Data – We may share your consumer health data with the following categories of entities:

- Entities involved in the day-to-day management and operations of the Community
 - Life Care Services LLC
 - LCS Timber Ridge LLC
 - Life Care Services Communities LLC
- Entities with regulatory authority over the Community
 - State and federal regulatory agencies
 - Centers for Medicare and Medicaid Services
- Entities involved in the payment of invoices for services provided to you
 - Private insurance carriers
 - Cost preparers
- Entities that provide services, including health-related services, to you
 - Therapy Management Corporate
 - National Health Investors, Inc.

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 share my consumer health data with third parties 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