

Customer Authorization			
Consent to Share Data, including Patient Information between MC and the Company	<p>Company is the company proposing this Authorization and whose name/logo is indicated herein. Company has built an Integration to be able to populate data from your database in the MatrixCare ("MC") Solution and, if applicable, bidirectionally. It is our policy to obtain written consent from each of our customers before we allow their data to be shared with another company or party. We have a Business Associate Agreement in place with you, and we have been informed by MatrixCare, Inc. that they also have a Business Associate Agreement in place with you for the protection of that information.</p> <p>Please complete all the fields below and return this form authorizing us to exchange data between MatrixCare and our Company.</p> <p>By signing below, I, as a duly authorized representative of the Customer, hereby grant my consent to the passage of data between the MC Solution and the Company Solution and represent and warrant that Customer is legally free to enter into this Authorization.</p>		
Customer Name			
Customer # <i>(if known)</i>			
Facility Name(s), Address(es), and Care Setting(s) <i>(list all & attach list, if needed)</i>	Facility Name(s)	Address(es)	MC Billing ID & Applicable Care Setting(s) <i>(SNF, AL, IL, MC, LPC)</i>
	<i>Example Facility Name 1</i>	<i>123 Main Street, City, State, Zip</i>	<i>M12345, SNF</i>
	<i>Example Facility Name 2</i>	<i>123 Main Street, City, State, Zip (Same as above)</i>	<i>M54321, Assisted Living</i>
Authorized Signature			
Name Printed			
Title			
Email			
Phone			
Date			
Notes <i>(Optional)</i>			