

**AUTHORIZATION
FOR USE AND DISCLOSURE OF
PROTECTED HEALTH INFORMATION**

By the signature below I duly authorize

healthcare equipment, inc.

to use and disclose any of my Protected Health Information (PHI) to Health Insurance Plans, Health Care Clearing Houses, and Health Care Providers as required for ***Treatment, Payment, and Operations*** (such as quality assurance and compliance protocol) in conjunction with the equipment and services the Company provides for my benefit. I understand that the Company will protect the privacy of my PHI as required by law (HIPAA) and that only the **minimum necessary** PHI will be used, disclosed, or requested to accomplish the intended purpose. I also understand that any disclosure not related to ***Treatment, Payment, and Operations*** will require the Company to first obtain another Authorization that is separate and distinct on each such occasion.

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Customer	Date	Authorized Representative	Date

An "Authorized Representative" is required to sign this Authorization in the event the Customer is unable to sign.

An "Authorized Representative" may also sign as a "Witness" to the Customer's signature whenever present and willing to do so.

An "Authorized Representative" is defined as (1) a legally appointed representative or guardian; (2) In order of priority: a spouse (unless legally separated); an adult child; a parent; an adult sibling; or a close friend (defined as an adult who has exhibited special care and concern for the patient, who is familiar with the patient's personal values, and who is reasonably available); (3) A person whom the Customer has indicated may act for him or her, but who has not been named in any legally binding document conveying such a role to that person may also act as an "Authorized Representative".

Finally, in particular situations where the beneficiary's inability to act has arisen suddenly (e.g., a medical emergency, a traumatic accident, an emotionally traumatic incident, disabling drug interaction, stroke, etc.), there may be no one who can be genuinely considered to be the beneficiary's choice as his or her authorized representative. In such a case, recourse may be made to (4) a disinterested third party, such as a public guardianship agency, taking care to avoid any conflicts of interest.

The "Authorized Representative" must have no relevant conflict of interests (i.e. a competing/conflicting financial interest) with the Customer. They should be reasonably expected to act in a manner in which is protective of the rights and genuine best interests of the Customer.