

Case No. 20-51066-MAR, *In re Henry Ford Village, Inc.*,
U.S. Bankruptcy Court for the Eastern District of Michigan (the “Bankruptcy Case”).

AUTHORIZATION FOR RELEASE OF POTENTIALLY PROTECTED HEALTH INFORMATION

Claimant/Resident name _____

Personal Representative of Claimant/Resident name, if applicable _____

The undersigned hereby authorizes Henry Ford Village, Inc. to release potentially protected health information about the claimant/resident under the following terms and conditions:

Information to be released (the “Information”): Name, creditor number, and scheduled claim amount

To whom may the Information be released (name(s) of recipients):

The purpose(s) for the release is to obtain the Information.

If you sign this authorization, you can revoke it later. The only exception to your right to revoke is if we have already acted in reliance upon the authorization. If you want to revoke your authorization, send us a written or electronic correspondence telling us that your authorization is revoked. Send this form and any revocation correspondence to the contact listed as follows:

Henry Ford Village, Inc.
c/o KCC
222 N. Pacific Coast Highway, Suite 300
El Segundo, CA 90245
Email: HenryFordVillageInfo@kccllc.com
(866) 476-0898 (U.S./Canada) (781) 575-2114 (International)

When information is disclosed as provided in this authorization, the recipient often has no legal duty to protect its confidentiality. In many cases, the recipient may re-disclose the information as he/she wishes. Sometimes, state or federal law changes this possibility.

I HAVE READ AND UNDERSTAND THIS FORM. I DECLARE UNDER PENALTY OF PERJURY THAT I HAVE THE AUTHORITY TO OBTAIN THE INFORMATION. I AM SIGNING IT VOLUNTARILY. I AUTHORIZE THE DISCLOSURE OF THE HEALTH INFORMATION AS DESCRIBED IN THIS FORM.

Dated _____

Claimant/Resident/Personal Representative signature _____

Contact address _____

Contact phone number _____

****THE CONTACT INFORMATION PROVIDED ABOVE RELATES SOLELY TO THIS RELEASE AND DOES NOT IMPACT ANY INFORMATION USED IN THE ABOVE-REFERENCED BANKRUPTCY CASE, INCLUDING NOTICING.****

If you are signing as a personal representative of the claimant/resident, describe your relationship and the source of your authority to sign this form:

Relationship to Claimant/Resident _____ Print Name _____