

THE JORDAN LIGHT FOUNDATION



"FAMILIES HELPING FAMILIES WITH A FINANCIAL MEDICAL CRISIS THRU THE LOVE OF JESUS CHRIST"

506 Bucks Br • Martin Ky • 41649
Phone (606)285-1507 • Toll Free 1-866-720-7113 • Fax (606) 285-2609

**AUTHORIZATION FOR RELEASE OF PERSONAL OR
PROTECTED HEALTH INFORMATION**

RE: _____ SSN: _____
Candidate's Name

Address

City, State, Zip Code

1. I, _____, hereby authorize the disclosure of personal or protected health information about me by:

Covered Entity's Name: _____
Address: _____
City, State, Zip _____

I understand that signing this form will not interfere with my treatment, payment, enrollment or eligibility for benefits from this provider.

2. The protected health information shall be disclosed to:

The Jordan Light Foundation, Inc.
506 Bucks Branch
Martin, KY 41649

I understand that the use and purpose of this disclosure is to determine my eligibility for and/or the nature and mission of The Jordan Light Foundation, Inc. on my behalf.

3. The specific type of information to be disclosed is:

Authorization for Health Information
Cont'

4. The information disclosed to The Jordan Light Foundation, Inc shall be held confidential and shall be used only in the administration of the mission of the foundation. Personal or protected health information that has been obtained by The Jordan Light Foundation, Inc. from another agency or organization may be released only under the conditions established by that agency or organization.

5. I may revoke this authorization by notifying The Jordan Light Foundation, Inc. in writing of my desire to revoke it. However, I understand that any action already taken in reliance on this authorization cannot be reversed and my revocation will not affect those actions.

6. This authorization is effective for the entire length of service for assistance from The Jordan Light Foundation, Inc.

I have read and understand this authorization and give my informed consent for the use and release of my protected health information.

Signature of Individual, Guardian, or Personal Representative	Representative's Authority or Relationship	DATE
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Witness (If required)	Relationship if any, to signature above
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The Jordan Light Foundation, Inc. is committed to fostering an inclusive environment where the individual differences among us, whether in terms of race, religion, color, age, gender, national origin, sexual orientation, physical challenge, or marital or family status, are (i) understood, respected and appreciated, (ii) recognized as a source of strength for the organization and (iii) valued as qualities that enrich the environment in which we work.

“Our Mission is to provide awareness, support and funding for families with a financial medical crisis.”

The Jordan Light Foundation, Inc. is a non-profit organization. This corporation is organized exclusively for charitable purposes and at all times will be operated exclusively for charitable purposes within the meaning of Section 501(c) (3) of the IRS code of 1986.