

**NOTICE OF USES AND DISCLOSURES FOR COMMUNITY DIRECTORY AND FOR
NOTIFICATION**

Resident Name

Community Directory

This notice is to inform you of uses and disclosures made by the Community for purposes of creating and maintaining a Community Directory of Residents. The Directory is not a published “Directory.” It is information kept by the Community in order to give persons who ask for you by name limited information such as your name, location in the Community and general condition. Your information will be included unless you opt out below. Please note that if you object to your information being included in the Community Directory, the Community will not be able to tell family and other persons who ask for you by name, whether you are in the Community, where you are in the Community or any general information about your condition.

Persons Involved in Care and Notification

The Community may disclose to a family member or other person involved in your care, information that relates to that person’s involvement with your care. We may also use this information to notify a family member, personal representative or other person responsible for your care of your location or general condition. If you do not wish us to disclose information regarding your care to particular family members or personal representation, please indicate below.

Activities

Information about you could be used or disclosed during the course of various activities sponsored by the Community. For example, the Community often has birthday parties or other social events (anniversary parties, etc.), where photos or other information about a resident is normally posted on the internal bulletin board, or in a newsletter. We also like to use photos or video from these events on Benchmark’s Facebook pages (or in other Benchmark-approved social media sites, such as Benchmark Twitter accounts, or Benchmark-approved YouTube videos, etc.). We also share information about Community activities and events on resident engagement apps and platforms, such as TSOLife, Sagely, or other service providers. Your information will be used as described above unless you object below.

Communications by Email

In order to facilitate and expedite communications between you, your loved ones, and the Community, we will communicate with you or your loved ones by email unless you object by checking the box below. You understand and agree that use of a company email address where your loved ones are employed will not be permitted and that it is your or loved one’s responsibility to notify us of any change in an email address.

You further understand and agree that we may communicate with you, or a family member or other representative you designate, by email about your care and administrative matters arising from services rendered to you, such as billing or service planning issues, changes to treatment or services and similar issues. Neither you nor the Community shall use email to communicate regarding emergencies or other time-sensitive issues.

You understand and acknowledge that email communications between you and the Community are not secure and therefore there is a chance that the confidentiality of the communications could be breached by a third party. You agree not to hold the Community or any Community representative responsible for any expense, loss, damage or claim caused by or resulting from: (i) a delay in the communications due to technical reasons; ii) any interception or breach of the information by a third party; or (iii) your failure to comply with these guidelines regarding the use of emails.

Please check the boxes below only if you do NOT wish for your information to be used for directory, notification, activities or communications by email as specified below.

No, I do not want my personal information included in the Community Directory.

No, I do not want the Community to make any disclosures of my protected health information to the following persons relating to my care or for notification purposes:

Name

Relationship

No, I do not want information about me to be disclosed for activity purposes.

No, I do not want any communications by email.

SIGNATURE OF RESIDENT or RESIDENT'S LEGAL REPRESENTATIVE¹

Name: _____ **Date:** _____

Signature: _____

or

Electronic Signature:

(check if applicable) *I have agreed to sign this form by electronic means. I understand and intend that my electronic signature have the same legal effect as a written signature.*

¹ The Legal Representative is a person authorized by the Resident and/or applicable law to make health care and contract decisions on the Resident's behalf in connection with his or her residency at the Community. The Resident must have a Legal Representative if the Resident does not wish to, or is not capable of making, health care or contracting decisions on his or her own behalf.