PROMPT RESPONSE LLC
LENDING A HAND WITH ATUCH THAT CARES

Authorization

I, _____, authorize Prompt Response LLC to use and disclose my health information for the purpose of providing home health or private-duty nursing services, including:

- Communication with physicians, hospitals, and other care providers.
- Billing and insurance processing.
- Care coordination with family or legal representatives.

Duration and Revocation

This authorization is valid from the date signed below and remains in effect unless revoked in writing. I may revoke this authorization at any time by submitting a written request.

Acknowledgement

I understand:

- My information will be protected as required by HIPAA.
- I have the right to receive a copy of this authorization.

Signature

Patient or Authorized Representative Name: _____

Signature: _____

Date: _____