

Family Engagement

The Family App Authorization Form

Please list family members and other loved one's you'd like to connect on the Caremerge Family App. Share email addresses or phone numbers for all people so an invitation can be sent out to get everyone on board.

The Family Engagement App is not intended to be used to communicate medical conditions, changes in health or emergencies. The intended use of the Caremerge Family App is to encourage and facilitate casual communication between the community and the family to build relationships. If medical communication is necessary, please contact the community directly.

Resident : _____

Name	Relationship to Resident	Email Address	Phone

I, _____ approve [COMMUNITY NAME] to keep the above-mentioned authorized collaborator updated with residents' involvement in regular activities and events at [COMMUNITY NAME].

Please check one of the following:

- I authorize [COMMUNITY NAME] to share my pictures with my loved ones via the secure, HIPAA compliant Caremerge Family App so my family has the peace of mind about my daily wellbeing.
- I do not authorize [COMMUNITY NAME] to share my pictures with my loved ones via the secure, HIPAA compliant Caremerge Family App.

Resident/Health PoA Signature: _____ Date: _____