

I, the undersigned, hereby affirm that I have authority to bind _____
Org Code _____ [insert customer's name and, if known, ORG Code] ("Customer"). I acknowledge that PointClickCare has no right to acquire, access, use or disclose the protected or personal health information of any patient or resident without first obtaining the permission of the patient's/resident's health care provider (i.e., Customer).

Customer hereby authorizes PointClickCare to release Data Relay credentials to the following authorized representative of Customer for the purpose of configuring Data Relay services:

Representative Name: _____ [Insert Full Name]

Title: _____ [Insert Title]

Contact Information: _____ [Insert Email/Phone]

Customer acknowledges and agrees that the credentials provided pursuant to this authorization shall be

- (I) used exclusively by the representative identified herein for the purpose of providing technical support to assist Customer in setting up Data Relay services with the current technological framework made available by PointClickCare; and
- (II) in compliance with the terms and conditions governing Customer's use of PointClickCare's services.

Customer further acknowledges and agrees that the authorized use of PointClickCare's Data Relay service is restricted to Customer's internal use. Customer shall not permit, authorize, or otherwise enable any third party to access PointClickCare's services, including any Data Relay information made available on the FTP site.

Customer's signatory below represents that s/he is signing this Authorization on behalf of Customer.

Signature: _____

Printed Name: _____

Printed Title*: _____

Date: _____

* Signatory's title must indicate signing authority (e.g., a director, owner, member [if Customer is an LLC] or executive) OR it can be a person who has been authorized by Customer, in a properly executed Blanket Letter of Authorization, to provide PointClickCare with instructions to perform services.