

Energy to Care: Data Share Authorization Form

Participation in ASHE's Energy to Care program is free for health care organizations. The privacy of your data is a top priority for ASHE. In some instances facilities find it necessary to share their accounts with individuals outside of their organization. In these events, ASHE requires express written consent from the participating facility prior to authorizing users. In this event, the following form must be completed by the participant's Energy to Care Account Organization Administrator and submitted to ASHE at energytocare@aha.org. ASHE will provide access to the account once this form has been received.

I, _____ am the authorized representative of
(Name of Organization Administrator)

_____ (Participant), which has the following mailing
(Name of Organization)

address: _____
(Organization Address)

do hereby authorize _____ who is a (choose one) Chapter Sustainability
(Name of Authorized Subscriber)

Liaison / Representative Consultant / Representative Contractor, (choose one) read only access
/ full access to my Energy to Care Dashboard account from _____ to
(Beginning Date)

(Ending Date)

Signed _____

Printed Name: _____

Organization Name: _____

Printed Organization Name: _____