



AUTHORIZATION TO SHARE INFORMATION

Applicant Name Jennifer Banet Birth Date 3.25.84
I, Jennifer Banet authorize Transformations, and
Reference Name: Sherry Stopher
Address: 601 Renz Ave
Sellersburg, IN 47172

To share with one another the following items: work history, current employment, personal impressions of work and other information needed from Transformations.

I understand that the purpose of sharing this information is for contract employment reference.

This authorization will expire on 7/12/2022, or immediately following the revoking of the authorization, or after the following event has occurred if this is a one time release.

I understand that pursuant to KRS 304.17A-555-Patient's Right of Privacy Regarding Mental health or Chemical Dependency-Authorization Disclosure, my Protected Health Information, used and /or shared under this authorization may not be shared by the recipient of the information beyond the purpose for which my authorization was given, without first obtaining my specific written consent to the re-disclosure.

I have read and understand this authorization.

JBanet 6/12/2022
Signature/date

Jennifer Banet
Printed Name

Melissa Hinkle 6/12/2022
Witness/date



AUTHORIZATION TO SHARE INFORMATION

Applicant Name Jennifer Banet Birth Date 3/25/84
I, Jennifer Banet authorize Transformations, and
Reference Name: Christie Brewer
Address: 4171 Westport Rd
Louisville, KY. 40207

To share with one another the following items: work history, current employment, personal impressions of work and other information needed from Transformations.

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JBanet 6/12/2022
Signature/date

Jennifer Banet
Printed Name

Melissa Hinkle 6/12/2022
Witness/date



AUTHORIZATION TO SHARE INFORMATION

Applicant Name Jennifer Banet Birth Date 3/25/84

I, Jennifer Banet authorize Transformations, and

Reference Name: Julie Breedlove

Address: 4171 Westport Rd
Louisville, KY 40207

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Jennifer Banet
Printed Name

Melissa Hinkle 6/12/2022
Witness/date