PO Box 1890, Jonesboro, AR 72403
Ph: 866-217-1674 **Fax:** 870-933-8261

help@my-tbs.com

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize Trinity Billing Solutions ("TBS") to release information related to my accounts to the following third-party for the purpose of resolving such accounts:

_____	_____
Name of Third-Party	Relationship

This authorization includes, but is not limited to, records, documents, statements, correspondence, account history, and balance information related to my accounts. I understand that such information may include individually identifiable health information and that information provided pursuant to this authorization may be subject to redisclosure by the third party.

I understand that I may revoke this authorization at any time in writing to TBS at the address above. Unless revoked earlier, this authorization shall terminate upon the resolution of such accounts.

_____	_____
Sign Name	Today's Date
_____	_____
Print Name	Date of Birth
_____	_____
Address	Social Security Number
_____	_____
City, State, ZIP	Phone

If this authorization is being signed by a legal representative, please explain your authority to act:

☐ Parent ☐ Legal Guardian ☐ Power of Attorney

☐ Other: _____

We cannot ensure or warrant the security of any personal information you provide to us electronically. This is especially true for personal information you provide to us by e-mail or by submitting a web form as we have no way of protecting that information until it reaches us. Web forms are transmitted to us by e-mail when you submit them. The use of e-mail is not a secure medium and e-mail is vulnerable to interception. We will not be responsible for any damages you may suffer as a result of the transmission of personal information that you provide to us by e-mail or by submitting a web form.