APPOINTMENT OF REPRESENTATIVE
AND
AUTHORIZATION TO DISCLOSE INFORMATION

I appoint Finding Peace Professional Counseling Services, LLC
(Print or type name and address of representative)

to act as my representative. I authorize TRICARE Management Activity (TMA) and PGBA, LLC to disclose to this representative the following:

✓ Information related to my medical treatment and/or payment of TRICARE claims.

Or

_____ Information related to my medical treatment and/or payment of TRICARE claims specifically for the care I received from _____ on the date(s) of _____.

This information may include photocopies of medical records needed to adjudicate my claims for TRICARE benefits.

If the purpose of this authorization is for a reason other than determining TRICARE claims payment, please describe: _____.

I understand that the information used or disclosed may be re-disclosed by the person who receives it and therefore would no longer be protected under HIPAA Privacy Regulations.

I understand that I may revoke this appointment any time by sending a request in writing to PGBA, LLC except for actions already taken on my behalf based on this authorization.

This consent will expire 365 days from the date shown below or on _____ (date) unless otherwise noted.

I understand that the protected health information disclosed pursuant to this authorization may be disclosed to and/or received by persons or organizations that are not health plans, healthcare providers or healthcare clearinghouses subject to federal health information privacy laws, such as HIPAA. I also understand that there is the potential that such recipients may re-disclose the protected health information, which re-disclosure would not be protected by federal health information privacy laws.

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Sponsor's Social Security Number: _____-_____-_____

_____ _____

(Date) (Signature of person giving consent)

_____

(Print name of person giving consent)

Current mailing address:

_____

_____

_____

If a patient's representative signs the authorization, attach a description of the representative's authority.

The permission granted on this form is for information disclosed by telephone or correspondence only and does not cover permission for the PGBA, LLC Web site. You may grant permission for someone to access your claims information on the Web site through the registration process.