



American Retrieval
Record Retrieval Services
A U.S. Legal Support Company

Authorized Agent Permissions

I, _____ of _____ authorize American Retrieval Company to update
Full name Company name
any signed authorization and/or attestation form provided to them for the use of obtaining records through their service. American Retrieval Company is an authorized agent of the aforementioned firm or entity and is acting on our behalf.

By checking/initialing the boxes below, I am giving American Retrieval Company permission to act on our behalf to update/add the following information as needed:

- | | |
|---|---|
| ☐ Patient Name Patient | ☐ Information type to be released |
| ☐ Date of Birth | ☐ To whom & where records can be released to |
| ☐ Provider name | ☐ Purpose of Disclosure |
| ☐ Provider location | ☐ Date of authorization signature |
| ☐ Dates of service requested | |

Please note if an authorization and/or attestation provided that utilizes an electronic signature and includes electronic timestamping, American Retrieval Company cannot update/add to this data. Electronic timestamping is the process in which a date and/or time are bound to other data in electronic form. This certifies a document's existence or execution, as well as adds additional levels of assurance and proof to a digital signature.

American Retrieval Company will NEVER add/update permissions to obtain or receive information that involves treatment for communicable/non-communicable diseases, alcohol or drug abuse, sickle cell anemia, HIV/AIDS, sexually transmitted disease, or mental health problems on any signed HIPAA Authorization or any authorization form provided to them for the use of obtaining any record types requested through their company and services.

American Retrieval Company will NEVER add/update an existing signature on any signed HIPAA Authorization, any authorization form, attestation form, and documentation provided to them for the use of obtaining any record types requested through their company and services.

☐ By checking/Initialing this box I, _____ am **NOT** providing permission to
Full name
American Retrieval Company to Add/Update any HIPAA Authorization or any authorization for provided to them
by _____
Company name

Full Name _____ (PositionTitle) _____

Signature _____ Date: _____

An electronic signature will be deemed as valid as an ink signature