

AUTHORIZATION TO ACT AS REPRESENTATIVE

I, _____, [] self [] Attorney-in-Fact under Durable Power of Attorney [] Guardian, as Responsible Party, hereby authorize **TOTAL LONG-TERM CARE CONSULTANT SERVICES, INC. (TLCCS)**, P.O. Box 411928, Melbourne, FL 32941, and its agent(s) to act on behalf of:

Date of Birth: _____
Soc Sec No: _____

(hereafter Client) in matters pertaining to, *but not limited to*, obtaining access to Client's records, including financial, medical and any other pertinent information necessary for the coordination and management of *any* services provided to Client.

MEDICAL HIPAA RELEASE AUTHORITY:
It is intended that TLCCS be treated as the client with respect to the client's rights regarding the use and disclosure of the client's individually identifiable health information or other medical records. This release authority applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA), 42 USC 1320d and 45 CFR 160-164. The Client authorizes (a) any physician, healthcare professional agent, dentists, health plan, hospital, clinic, laboratory, pharmacy or other covered health care provider, any insurance company and the Medical Information Bureau, Inc., or other health care clearinghouse that has provided treatment or services to the Client; (b) to give, disclose and release to TLCCS, without restriction; (c) all of my individually identifiable health information and medical records regarding past, present, or future medical or mental health condition, to include all information relating to the diagnosis and treatment of HIV/AIDS, sexually transmitted diseases, mental illness and drug or alcohol abuse

RESPONSIBLE PARTY:

Name:

STATE OF _____
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____, [] who is personally known to me or [] who has produced a _____ as identification and who did [] did not [] take an oath.

Notary Public

ACCEPTANCE AS REPRESENTATIVE

**TOTAL LONG-TERM CARE
CONSULTANT SERVICES, INC.**

By: _____,

Catherine F. Rowlands

President

STATE OF FLORIDA
COUNTY OF BREVARD

The foregoing instrument was acknowledged before me this _____ day of _____, 2011,
by Catherine F. Rowlands, who is **personally known** to me and who did take an oath.

Notary Public