



TLM Medical Services, LLC

The evidence of things not seen

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Family Medicine & Clinical Research

2701 Middleburg Drive
Columbia, SC 29204

Authorization for Release of Medical Information to a Family Member, Friend, or Designated Legal Representative

It is our responsibility at TLM Medical Services, LLC to ensure that information regarding patients remains confidential. This means that information regarding your medical condition, billing, and insurance issues or any other protected health information as identified under HIPAA cannot be released to other people, not even family members, unless you authorize, in writing, the person(s) to whom you want that information released. Your patient confidentiality rights are protected by law.

We realize that there are times when you, the patient, may not want another person to be knowledgeable about your medical condition or act on your behalf about billing or insurance issues. You can, if you so desire, name a person(s) to whom you want the office staff to speak with about your medical condition or other issues. To do this, you must complete the form listed below. Please not the following:

- Only 2 people can be designated for this role
- The authorization is valid until you cancel it in writing
- If you designate no one, TLM Medical Services, LLC cannot release information to any family member of friend.

Authorization:

I, (Print Name) _____, Date of Birth _____, designate the following person(s) to be able to speak with the staff at TLM Medical Services, LLC on my behalf about my medical condition or the status of my account. I release TLM Medical Services, LLC and its staff from any claim of confidentiality in connection with the release of this information.

Name of Designated Person: _____

Relationship: _____ Phone# _____ H/W/C (circle one)

Name of Designated Person: _____

Relationship: _____ Phone# _____ H/W/C (circle one)

I do not wish to designate anyone at this time.

Patient's Signature: _____ **Date:** _____

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www.tlmmedicalservices.com