



## CONTACT AUTHORIZATION & RELEASE

I, (*print name*) \_\_\_\_\_ hereby authorize Express Credentialing, its employees and officers to discuss my personal information, practice information, documents and all other information as it relates to the services being or about to be performed. I release Express Credentialing from all liability associated with providing such information to the person(s) listed below in accordance with the confidentiality and liability terms as listed in my signed service agreement. The additional person(s) allowed access are as follows:

Please print name(s) legibly

1. \_\_\_\_\_

3. \_\_\_\_\_

2. \_\_\_\_\_

4. \_\_\_\_\_

*If you wish to authorize a particular company and/or agency, such as a billing company or practice management company, to have access to your account and information, please list the name(s) below. \*IMPORTANT – When a company/agency name is listed, you authorize anyone from that entity permission to access information on your account. If you wish to restrict access to specific individuals at an entity, please list them by name above instead.*

Organization 1. \_\_\_\_\_

Organization 2. \_\_\_\_\_

I, the undersigned, have read and understood the terms listed above.

Signature: \_\_\_\_\_ Date Signed : \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Please returned signed form to your Express Credentialing account representative.