

Authorization for Attorney to Represent Medical Provider's Legal Interests

_____ [Provider] has retained
The Gibson Firm LLC to represent its legal interests.

Accordingly, The Gibson Firm LLC has full authority to act as our agent regarding patient accounts referred to its office for representation. The Gibson Firm LLC has authority to engage in any activity whatsoever necessary or appropriate, in its judgment, to further the ends of this representation. This authority extends to contact with insurers, patients and/or their legal representatives, employers, administrators, or agents thereof for the specific purposes of pursuing or retaining applicable reimbursement for services performed by Provider.

Furthermore, The Gibson Firm LLC has any and all rights and obligations as the Provider to release and obtain protected patient information, including but not limited to protected health information, for purposes of obtaining payment, in accordance with HIPAA rules and regulations. Appropriate Business Associate Agreements have been executed in accordance with HIPAA regulations.

This the _____ day of _____, _____.

Authorized Provider Representative

Name: _____

Title: _____

Company: _____

THE GIBSON FIRM LLC | *Healthcare Law*