A logo with blue letters

Description automatically generated with medium confidence7901 4th St N, Ste# 17261

St. Petersburg, FL 33702

Telephone: (877) 443-8810

Email: [info@cleanslatez.org](mailto:info@cleanslatez.org)

Website: [www.cleanslatez.org](http://www.cleanslatez.org)

Date

Medical Bill Name

Medical Bill Street Address

Medical Bill City, State and Zip

Responsible Party Name

Account Number

Responsible Party Telephone

Patient Name (only if not self)

Re: Release Form authorizing Clean SlateZ to negotiate and settle healthcare billing accounts

I hereby provide this HIPAA Release Form to permit release of any and all health billing records to Clean SlateZ and their representatives for the purpose of negotiating and resolving my outstanding medical debt. Clean SlateZ is a 501(c)3 non-profit organization through which I have applied for medical relief. Clean SlateZ plans to settle and pay my medical debts directly on my behalf, to the best of their ability. I understand that the information used or disclosed under this Release Form to Clean SlateZ is no longer protected by federal privacy regulations.[[1]](#footnote-1)

This HIPAA Release Form shall remain in effect unless and until I send a written notice to Clean SlateZ to revoke it, which I understand that I can do at any time. I understand that any action taken in reliance on this authorization cannot be reversed, and my revocation will not affect those actions.

Please contact me at above telephone number if you require any additional information to authorize Clean SlateZ to discuss and settle my outstanding medical debt with your organization.

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RESPONSIBLE PARTY NAME DATE

Relationship to patient (only if not self)

1. As a non-HIPAA covered entity, Clean SlateZ is not legally required to keep health and billing information confidential; however, Clean SlateZ will make a best faith effort to maintain the confidentiality of this information and will limit its release unless otherwise authorized by the patient to do so. [↑](#footnote-ref-1)