

## Exhibit C

### Authorization to Communicate with Creditors and Collection Agencies

I (We) authorize Freedom Debt Relief, LLC, 1875 S Grant St Ste 300 San Mateo, CA 94402-7025, including its agents, representatives, attorneys, partners or third parties ("Representatives") to take the following actions.

1. Communicate with my (our) creditors, including but not limited to any agent, representative or third-party collection agency or law firm, and discuss any and all details of my (our) financial situation, all for the purpose of negotiating and assisting with settlements, and payments thereof, of my (our) debt obligations; and
2. Obtain records, debt validations, credit reports and support for the debts allegedly owed on my (our) behalf.

Furthermore, I (We) formally instruct all parties to cease and desist from contacting me (us) by any mode of communication. This includes, but is not limited to, phone calls, emails, letters, or any other form of correspondence. All communications must be directed exclusively to Freedom Debt Relief, LLC or its authorized Representatives.

I (we) hereby acknowledge that Freedom Debt Relief, LLC shall only be entitled to charge and/or collect its fee for a settlement negotiated on my behalf at such time as I (we) make at least one payment pursuant to a settlement proposed by the creditor, presented to me by Freedom Debt Relief, LLC and accepted by me. Notwithstanding any other documentation evidencing the resolution of a debt that the creditor and/or Freedom Debt Relief, LLC (or its Representative) may prepare or that I (we) may sign, my affirmative payment instruction shall constitute ratification of, and consent to, any settlement negotiated on my behalf.

I (we) affirm that all of the information that I (we) have or will provide to Freedom Debt Relief, LLC (and its Representatives) is accurate, timely and correct. I expressly acknowledge that

- (i) Freedom Debt Relief, LLC is not a law firm and does not and will not provide me with legal advice or representation,
- (ii) any collection activity, demand or lawsuit resulting from a default in any obligation owed by me (us) to any creditor is not the result of my participation in the Freedom Debt Relief, LLC debt resolution program,
- (iii) Freedom Debt Relief, LLC does not and will not provide me with any tax, bankruptcy or accounting advice, and
- (iv) Freedom Debt Relief, LLC does not and will not assume or pay any of my debts for me or make periodic payments to my (our) creditors, and is solely engaged to provide those services described in my Debt Resolution Agreement.

HIPAA Release: I (we) intend that this Authorization to Communicate, within the scope of its limitations concerning my debts, convey to Freedom Debt Relief, LLC (or its Representatives) the



authority to be treated as I (we) would be treated with respect to my rights regarding the use and disclosure of my 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 U.S.C. 1320 (d) and 45 C.F.R. 160-164. I (we) authorize any physician, health care professional, dentist, health plan, hospital, clinic, laboratory, pharmacy, or other health care provider or insurance company or entity that has provided treatment or services to me or that has paid, holds a debt, or is seeking payment of a debt from me for such services, to give, disclose, release, and discuss as if with me personally, without restriction, all of my individually identifiable health information and medical records. This authority is effective immediately and supersedes any previous directive I (we) may have given to any health care provider or entity described above to restrict such access.

The recipient of this Authorization, whether by original, photo copy, facsimile or electronic copy is specifically authorized and instructed by the undersigned party (parties) to contact, or receive communications from Freedom Debt Relief, LLC its Representatives or employees, regarding any of the purposes listed herein. This Authorization can be revoked by me/us at any time in writing

781-79-4086 (s) 02/20/1950

RANDLE L WIDHALM  
6/30/2025

Client Signature

Printed Name

SSN

DOB

Date