

2710 W Sunrise Rim Rd, Suite 150
Boise, ID 83705-4140

Local: (208) 258-2272
Toll-Free: (888) 543-4640
Fax: (208) 258-2277

Office Hours:
Monday - Thursday 8:30 am to 6:00 pm
Friday 8:30 am to 3:00 pm MT



Advantage Financial Services
www.afsidaho.com

Third Party Disclosure Consent

Name: _____ Phone: _____

Current Address: _____

Date of Birth: _____ Last 4 digits of SSN: _____

Regarding my account(s) with _____

Please provide a copy of your driver's license or other identification when submitting this completed form.

The information provided above is true and correct. I give my permission and authorize Advantage Financial Services LLC (AFS) and any of their representatives to contact, discuss and provide requested documentation regarding my account(s) assigned to AFS with/to the third party listed below. My authorization includes but is not limited to personal, account, and protected health information. I understand that my authorization to discuss and provide requested documentation regarding my account(s) is voluntary and that such authorization carries with it the potential for unauthorized and unintended disclosure and that the information may no longer be protected under the federal confidentiality rules.

Contact information for the third party is listed below:

Name of third party: _____

Company Name: _____

Phone: _____ Fax: _____

Mailing Address: _____

Email: _____

I understand that the third party listed above is not responsible for payment or resolving my account(s) but I allow the third party to pay the account(s) and obtain documents on the account including but not limited to receipts for payment and documentation supporting the account. I understand that AFS has no control of unauthorized and unintended disclosure of messages or requested documents by unknown individuals and that my authorization includes permission for AFS to contact and to send requested documentation via email, text, fax or through the US Postal Service as instructed by myself of the third party listed in this document.

(continued on next page)

I authorize the items marked below to be disclosed to the third party listed above. If no items are marked, I understand and agree that I am authorizing AFS to disclose any information requested by the third party to the third party.

- Receipt or letter acknowledging receipt of payment
- Dates of Service
- Account balance
- Payment information
- Itemized statements and/or documents supporting the account
- Full disclosure of all information regarding the account(s), including but not limited to supporting documents, which may contain personal and protected health information.

By signing below, I hold AFS harmless of any unauthorized and unintended disclosure or re-disclosure, dissemination, or any actions taken with information and/or documents once they are provided to the third party by AFS as a result of this authorization. I further authorize AFS to contact me by telephone, including my wireless telephone (which may result in charges to me) at any time (as allowed by law) for any reason as long as the contact attempt is relating to my accounts assigned to AFS. Methods of contact may include pre-recorded/artificial voice messages, the use of an automated dialing device, and/or sending text messages, if applicable. I agree and understand that I am entitled to 1 copy of the documents free of charge and agree to pay a fee of \$3.00 per page for additional copies of any documents which have already been provided to me by AFS regardless of how the documents were delivered to me. I agree to pay the \$3.00 per page for additional copies of documents in advance of receiving said documents and that such payment will be made to AFS with certified funds.

I have read, understand and agree to all of the above and hereby authorize AFS to perform all of the actions listed in this document.

Signed: _____ Date: _____

This is an attempt to collect a debt by a debt collector and any information obtained will be used for that purpose.