

# IMPORTANT INSTRUCTIONS

## **Authorization to Communicate with Creditors and Collection Agencies**

You may have already signed the enclosed document with your original contract, but most creditors will only accept a copy with a physical signature. It is very important that you return this document as soon as possible. This release will allow us to start negotiating with your creditors.

Please SIGN and RETURN the attached '*Authorization to Communicate with Creditors and Collectors*' form directly to us by one of the following methods:

1. **MyCentury Portal Upload:** The quickest and most efficient way is via a direct upload in your MyCentury client portal online. Use the client login at [centuryss.com](http://centuryss.com).
2. **Mail:** Century Support Services  
2000 Commerce Loop, Suite 2111  
North Huntingdon, PA 15642
3. **Email:** [customercare@centuryss.com](mailto:customercare@centuryss.com)
4. **Fax:** 1-888-524-4215

### Limited Authorization to Communicate with Creditors and Collection Agencies

I/We authorize Century Legal Group (CLG), including its employees, agents and representatives, to take the following limited actions:

1. Communicate, including the provision and receipt of my/our confidential credit and financial information, with my/our Special Creditors and/or Century Support Services, LLC (CSS); for the limited purpose of sending offers and relaying responses to offers to settle certain of my/our debts. **Special Creditor(s)** means my creditor(s), (including their representatives, agents and/or law firms) that choose not to communicate directly with debt settlement providers, including CSS, about attempts to settle my/our debt(s).
2. CLG will not collect, hold, control, have access to, or authorize disbursement of, my money;
3. I/We hereby acknowledge that CLG will not charge me/us any fee for its efforts to negotiate settlement(s) with my Special Creditor(s). However, it is expected that CSS will compensate CLG (including its lawyer(s) and staff) for its efforts on my/our behalf.
4. I/We expressly acknowledge that: (i) **CLG will not provide me/us with any legal advice of any kind and is not my/our legal representative for any purpose**; (ii) my communications, and information shared, with CLG will not be protected as attorney/client communications subject to the attorney/client privilege; and (iii) CLG 's relationship with me is strictly limited to negotiating debts I/we owe to Special Creditors.
5. I/We expressly acknowledge that 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 CLG authorized activities and I/we do not (and will not) hold CLG responsible for any such activity; CLG does not, and will not, provide me/us with any tax, bankruptcy or accounting advice; and CLG does not, and will not, use its money to assume or pay any of my debts for me or make periodic payments to any of my creditors, and is solely engaged for the limited purpose of relaying messages about my debts with Special Creditors.

**HIPAA Release:** I/We intend that this Authorization to Communicate, within the scope of its limitations concerning my debts, conveys to CLG, including its agents the authority to be treated as I/we would be treated with respect to my/our rights regarding the use and disclosure of my individually-identifiable health information or other medical records related to any medical debt enrolled in my CSS Debt Settlement Agreement. This release 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/us 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/us personally, without restriction, all of my/our individually-identifiable health information and medical records related to any debt I've enrolled in CSS' Debt Settlement Agreement. 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, photocopy, facsimile or electronic copy is specifically authorized and instructed by the undersigned to contact, send and receive communications from CLG, including its employees, agents and representatives, regarding any of the purposes listed herein.

Client Signature	Printed Name	SSN#	Date
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Co-Client Signature	Printed Name	SSN#	Date
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Sworn to and signed by \_\_\_\_\_ this \_\_\_\_ day of \_\_\_\_\_, 202\_\_

(Signature of Notary Public)	County and State
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My commission expires \_\_\_\_\_