



SECURE OFFSITE RECORDS STORAGE

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### **Authorization for Release of Liability**

By signing this authorization, I understand that Larson Records Management (LRM) has no associated liability or responsibility to guarantee delivery of any records that I have authorized LRM to send via US Mail. I understand that I have been given the option to pick up my records at LRM and have declined to use this option.

In the event of any type of breach or potential breach of my Protected Health Information, including loss, theft, unauthorized access, mis-delivery or any other related actions, I fully and completely absolve and release LRM and I knowingly assume 100% of this responsibility and liability.

LRM has advised me of the associated risks involved when I chose to have my records sent by mail as an alternative to picking them up from LRM. I also understand that by indemnifying LRM, LRM's employees, agents, officers, and representatives have no responsibility or liability in regards to any associated fines, costs and penalties as a result of a breach or potential breach involving my PHI, unless the breach or potential breach is caused by willful neglect of LRM.

Full Name:

Signature:

Date: