

AUTHORIZATION FOR DISCLOSURE OF PROTECTED HEALTH INFORMATION

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that your insurer or HMO obtain your authorization before it may communicate with us about your personal information. If you would like us to have access to your information, you will need to complete and sign the authorization below. You are under no obligation to provide an authorization if you do not wish to do so.

I authorize the disclosure of my protected health information as follows:

1. I have asked my agent/broker Shoppe Insurance Services to assist me with the following matter regarding my health, life or _____ coverage: _____

2. I therefore authorize _____ [name of insurer or HMO] and its business associates, agents, and contractors to disclose claims information, medical information, and any other information related to this issue to Shoppe Insurance Services as needed to assist me.

3. I understand that I may revoke this authorization in writing at any time, although my right to revoke will be limited if the entity I have authorized to disclose information has taken action in reliance on my authorization. (*You may revoke this authorization by submitting a written revocation to Shoppe Insurance Services Privacy department*)

I understand that the insurer or HMO may not condition payment, enrollment, or eligibility for benefits on whether I sign this authorization.

4. I understand that the information disclosed to the insurance company pursuant to this authorization will no longer be protected by HIPAA (*“the information may be redisclosed if required by law or if necessary for us to defend or maintain a lawsuit or administrative action.”*)

Expiration Date. This authorization will expire on: _____

Signature Of Applicant and Date.

Signature Date

Please print your name and the name of any individual for whom you are a personal representative and whose information you are authorizing be disclosed.

Your Name Others you are authorizing

If you are signing as the personal representative of another individual whose information will be disclosed, you must provide a description of your authority to act for that individual (for example, the parent or guardian of a minor): _____

