



Authorization for Disclosure of Protected Health Information

I, _____, authorize the disclosure of my protected health information¹ as described herein. I understand that this authorization is voluntary and made to confirm my direction. I understand that, if the person(s) or organization(s) that I authorize to receive my protected health information are not subject to federal and state health information privacy laws,² subsequent disclosure by such person(s) or organization(s) may not be protected by those laws.

1. I authorize Special Insurance Services, Inc. to disclose and/or discuss my protected health information with the following person(s) and/or organization(s):

Name(s) (i.e. spouse) _____

2. Specific description of the protected health information that I authorize for disclosure (i.e. claim status, payment information, etc.)

3. Specific description of the purpose for each use or disclosure (or write "At the request of the individual" in this space):

4. I understand that I may revoke this authorization at any time by sending a letter to the person or organization listed in paragraph one, except to the extent that the person(s) and/or organization(s) named above have taken action in reliance on this authorization. If I do not sign this form or if I later revoke my authorization, the services provided to me by the person or organization listed in paragraph one will not be affected in any way.

I have had the opportunity to read and consider the contents of this authorization. I confirm that the contents are consistent with my direction.

Signed Date

Name: _____

Address: _____

Telephone: (_____) _____ Social Security No.: _____

Relationship or Authority of Personal Representative (if applicable)

¹Protected health information ("PHI") is health information that is created or received by a health care provider, health plan, or health care clearinghouse which relates to: 1) the past, present, or future physical or mental health of an individual; 2) the provision of health care to an individual; or 3) the past, present, or future payment for the provision of health care to an individual. To be protected, the information must be such that it identifies the individual or provides a reasonable basis to believe that the information can identify the individual. 45 C.F.R. 164.508.

²These laws apply to health plans, health care providers, and health care clearinghouses.