



Proposed Insured \_\_\_\_\_

Social Security Number \_\_\_\_\_

## HIPAA AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION (PHI)

The undersigned insured(s) (hereafter referred to as "I", "me" or "my"), authorizes the use and disclosure of my personal health and medical information protected by state and federal law including the privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) as follows:

**Description and Purpose of Disclosure:** This authorization shall apply to any and all of my personal health and medical information, including medical records in their entirety which may contain mental health records (excluding psychotherapy notes, as defined by HIPAA) and restricted records, life expectancy reports, prescription drug records, HIV-related information, use of alcohol or controlled or prohibited substances, and employment records, whether or not personally or individually identifiable (collectively referred to as my "PHI"). This authorization and all uses and disclosures of my PHI made under this authorization are for the purposes of allowing Gene Pleasants Agency and any Authorized Recipient (as defined below) to: (1) determine my eligibility for Insurance Products and Services, as defined below; and/or (2) market Insurance Products and Services to me.

"Insurance Products and Services" means, for example, life insurance, disability insurance, as well as premium financing and other similar types of products and services. Insurance Products and Services also include long term care or other types of health insurance.

**Classes of Persons Authorized to Disclose My PHI:** I authorize any health care provider, including any doctor, hospital or medically-related facility, nurse, pharmacy, physician, practitioner, or practitioner practice group (each an "Authorized HCP"), and any insurance company, HMO/PPO or similar organization, employer or, except as may be limited by state law, any other organization, institution or person that has my PHI to disclose to Gene Pleasants Agency or any Authorized Recipient, any such records or information as provided under this authorization.

**Classes of Persons Authorized to Receive My PHI:** PHI received by Gene Pleasants Agency may be disclosed under this authorization to any affiliates, subsidiaries, corporate parents, agents, independent contractors, insurance carriers, authorized representatives, premium finance entities, settlement providers, policy buyers or potential policy buyers, life expectancy underwriters and the officers, directors, employees, agents, and other representatives of each and to any other person or entity for the purposes herein described (each an "Authorized Recipient").

**Further Disclosure Authorization:** I authorize each Authorized Recipient to further disclose my PHI as necessary to carry out the purposes under this authorization. I understand and acknowledge that PHI that is redisclosed by the Authorized Recipient may no longer be protected by law. I further acknowledge that some state and federal laws prohibit the further disclosure of information regarding the diagnosis, prognosis and treatment of drug or alcohol abuse, communicable diseases or infection including sexually-transmitted diseases or HIV without specific written consent. I hereby authorize Gene Pleasants Agency and each Authorized Recipient to further disclose the foregoing information to the extent such disclosure is necessary in order to carry out the purposes under this authorization.

**Expiration of Authorization:** This authorization shall remain valid for two (2) years after the date signed below.

**Right to Revoke:** I understand that I may revoke this authorization at any time by sending a written request for revocation to Gene Pleasants Agency or to any Authorized HCP at such address designated to me. Any revocation of this authorization shall not apply to the extent that any person has taken action in reliance upon this authorization prior to receiving written notice of my revocation.

This authorization complies with the provisions of the HIPAA Privacy Rule governing authorizations (45 C.F.R. Sec. 164.508). I understand that this authorization is a requirement for the underwriting, sale or settling of Insurance Products and Services and Gene Pleasants Agency may condition enrollment, eligibility, benefits, sale or settling of Insurance Products and Services on whether I sign this authorization.

A copy or facsimile of this authorization shall be as valid as the original. This authorization may be executed in any number of counterparts, each of which shall be deemed to be an original and all of which counterparts, taken together, shall constitute but one and the same instrument. I certify that I am executing and delivering this authorization freely and voluntarily as of the date written below. I further certify that I have received and retained a copy of this signed authorization for future reference.

\_\_\_\_\_  
Signature of Insured/Proposed Insured

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship/Authority to Represent



Proposed Insured \_\_\_\_\_

Social Security Number \_\_\_\_\_

## AUTHORIZED RECIPIENTS

### INSURANCE CARRIERS

Allianz Life Insurance Company of North America  
 American Equity Investment Life Insurance Company  
 American General Life Insurance Company (AIG)  
 American National Insurance Company  
 American National Life Insurance Company of NY Americo  
 Ameritas Life Insurance Corp of New York  
 Assurity Life Insurance Company  
 Athene Annuity  
 Equitable Life Insurance Company  
 Banner Life Insurance Company/Legal & General  
 Boston Mutual Life Insurance Company  
 Brighthouse Life Insurance Company  
 Brighthouse Life Insurance Company of New York  
 (The) Cincinnati Insurance Companies  
 Columbian Life Insurance Company  
 Columbian Mutual Life Insurance Company  
 Delaware Life  
 Equitable Life Insurance Company  
 Fidelity Security Life Insurance Company  
 Fidelity Security Life Insurance Company of New York First  
 Forethought Life Insurance Company  
 Gerber Life Insurance Company  
 Great American Life Insurance Company  
 Guardian Life Insurance Company  
 Illinois Mutual Life Insurance Company  
 Integrity Life Insurance Company  
 John Hancock Life Insurance Company (USA)  
 John Hancock Life Insurance Company of NY  
 Lincoln Life Insurance & Annuity Co. of NY  
 Lincoln National Life Insurance Company  
 Mass Mutual Life Insurance Company  
 Metropolitan Life Insurance Company

Mutual of Omaha  
 National Guardian Life Insurance Company  
 National Life Insurance Company/Life Insurance Company of the  
 Southwest Nationwide Life Insurance Company  
 Nationwide Life Insurance Company  
 New York Life  
 North American Co. for Life & Health  
 Ohio National Life  
 OneAmerica  
 Pacific Life & Annuity Company  
 Pacific Life  
 Penn Insurance & Annuity Company  
 Penn Mutual Life Insurance Company  
 Principal Life Insurance Company  
 Principal National Life Insurance Company  
 Protective Life & Annuity Insurance Company  
 Protective Life Insurance Company  
 Prudential Life Insurance Company  
 Reliance Standard  
 Sagacor Life Insurance Company  
 (The) Savings Bank Mutual Life Insurance Co. of Mass. (SBLI)  
 Securian Life Insurance Company/Minnesota Life Insurance Co.  
 Sons of Norway  
 Symetra Life Insurance Company  
 Symetra National Life Insurance Company of New York  
 The Standard  
 The Standard Life Insurance Company of New York  
 Thrivent Financial for Lutherans  
 Transamerica Financial Life Insurance Company  
 Transamerica Life Insurance Company  
 United of Omaha Life Insurance Company

\_\_\_\_\_  
Signature of Insured/Proposed Insured

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship/Authority to Represent