AUTHORIZATION FOR INSURANCE RECORDS

TO:

RE:
DOB:
SSN:

You are hereby authorized to release non-privileged health insurance records, including, but not limited to, monies paid, benefits, medical records, bills, correspondence, EOB's, etc., to:

_____

or their authorized Representative, Appleby & Company, Inc., 2828 N. Wishon Avenue, Fresno, California 93704.

The information sought is for the specific use of the said entity listed above to settle any claims regarding the above-named individual relating to disability, workers' compensation, personal injury, social security, insurance disability plans, retirement plans, etc.

I understand that I have a right to revoke this authorization at any time. I understand that my revocation must be in writing and presented to the Health Information Management Department. I understand that the revocation will not apply to information that has already been released in response to this authorization. I understand that the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy. Unless otherwise revoked, this authorization will expire on the following date event or as specified: _____. If I fail to specify an expiration date, event or condition, this authorization will expire in six months from date of signature.

Neither treatment, payment, enrollment nor eligibility for benefits will be conditioned on my providing or refusing to provide this authorization. I understand that I may inspect or copy the information to be used or disclosed, as provided in CFR 164.524. I understand that any disclosure of information carries with it the potential for an unauthorized redisclosure, and the information may not be protected by federal and state confidentiality rules. If I have questions about disclosure of my health information, I can contact the Director of Health Information. I understand I have a right to receive a copy of this authorization.

A carbon copy, photo static copy or thermo fax copy of this true release shall be as valid as the original.

Signed: _____ Date: _____