# AUTHORIZATION FOR DISCLOSURE OF HEALTH-RELATED INFORMATION

(This authorization complies with HIPAA Privacy Rules.)

<table>
<thead>
<tr>
<th>Name of Policyholder:</th>
<th>Policy Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address Line 1:</td>
<td>Address Line 2:</td>
</tr>
<tr>
<td>City, ST, Zip:</td>
<td>Date of Birth:</td>
</tr>
</tbody>
</table>

NOTE: If this form is completed by a Legal Representative then a valid Power of Attorney, Guardianship, Conservatorship or similar documentation must accompany this form.

**Health Information to be Disclosed by Senior Health Insurance Coverage of Pennsylvania**

I authorize the Company to disclose my Protected Health Information to the following

(Person/Organization Receiving Information):

The Relationship of this person/organization to me is:

This recipient may use the health information authorized on this form for the following purpose(s):

This authorization shall be effective as of the date of my signature below. I understand that I can revoke this authorization at any time, except to the extent it has already been relied upon, by giving written notice to: Senior Health Insurance Coverage of Pennsylvania, **Attn: Claim Review**, PO Box 64913, St. Paul, MN 55164. I understand that the Company may not deny me benefits due to refusal to sign this authorization. I further understand that my signature on this form does not authorize any changes to my policy information or to my policy or change the way the Company communicates with me. I also understand that information disclosed pursuant to this authorization may be subject to re-disclosure by the recipient. The undersigned is entitled to receive a copy of this form. A photocopy of this authorization shall be as valid as the original.

Policyholder (or Legal Representative)

Signature: X ___________________________ Date: ___________________________

Type of authority to act or sign on behalf of the policyholder (please check box, if applicable):

- [ ] Legal Representative
- [ ] Power of Attorney
- [ ] Guardianship
- [ ] Conservatorship