

HIPAA INSTRUCTIONS

The attached authorization form is being sent to you because we have received a request from you to discuss your policy and/or your private health information with another party other than yourself. In order for us to be protect your information and remain compliant under the provisions of the Health Information Portability Accountability Act (HIPAA), the attached form must be completed and returned to us before we can discuss your policy and/or private health information as requested.

For your convenience, we have partially completed the form. Please carefully check those sections completed by us and make any necessary corrections by crossing through the error, writing in your correction then initial and date the correction.

You must complete the following areas before we can release your information.

Under Section C:

Purpose of the Authorization by checking the two boxes and providing the purpose of our release of your policy and/or private health information,

Specifically describe the protected health information to be used and/or disclosed.

Please indicate who you would like to authorize under section titled "entities or persons authorized to receive and use".

Under Section D:

Please indicate a specific termination date of the authorization by checking the first box and providing the appropriate date, or

Please check the second box and specify a particular event describing the termination of the authorization to release information to the party indicated to receive information of your behalf. An example of a particular event is "Termination of Policy".

Please remember to execute the authorization by signing and dating the form under Individual's Signature.

You may return the fully completed form to us by fax 281-368-7358/ 281-368-7382 or by mail to the address on the form.

If you have any questions, please do not hesitate to contact our Customer Service Department at 800-552-7879, extension 1331.