



**SECTION A - Health Information to be Used and /or Disclosed**

Health Information to be Used and /or Disclosed Specify the health information to be released and /or used, including (if applicable), the time period(s) to which the information relates. Select only (1) of the following boxes:

- All my past, present or future health claims and/or medical records
- All of my health information relating to Claim number
- Other (please specify) \_\_\_\_\_

**SECTION B – Person (s) Authorized to use and/or Receive Information**

Specify the persons or class of person(s) authorized to use and/or receive the health information described in Section A:

\_\_\_\_\_

**SECTION C – Purposes for Which information will be Used or Disclosed.**

Specify each purpose for which the health information described in Section A may be used or disclosed. Select all the applicable boxes below.

- To facilitate the resolution of a claim.
- For a disability coverage determination
- At my request
- Other (please specify).

**SECTION D – Expiration of Authorization**

This authorization is valid until I terminate my coverage with this Plan, OR, if specified

- On the following date: \_\_\_\_\_

**SECTION E – Your Rights**

- You can revoke this Authorization at any time by submitting a written revocation to Association and Society Insurance Corporation, P.O. Box 2510, Rockville, Maryland 20847-2510.
- A revocation will not apply to information that has already been used or disclosed in reliance on the Authorization.
- Once the information is disclosed pursuant to this Authorization, it may be redisclosed by the recipient and the information may no longer be protected by HIPAA..
- The Plan may not condition Treatment, payment, enrollment, or eligibility for benefits on whether I sign the Authorization.
- I am entitled to a signed copy of this Authorization.

By my signature below, I acknowledge that I have read, understood and agreed to the terms of this Authorization.

\_\_\_\_\_  
Signature of Patient or Guardian

\_\_\_\_\_  
Relationship to patient if signed by Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Legan Repr3esentative

\_\_\_\_\_  
Date

(Attach legal documents as proof of representation)

Please read the statement that applies to your residence and sign the bottom of the page.

**For residents of all states EXCEPT California, Florida, New Jersey, Colorado, Pennsylvania, Arkansas, New Mexico, Louisiana, New York, Virginia and Puerto Rico:** A person commits a fraudulent insurance act if that person knowingly, and with intent to defraud any insurance company or other person, either: (a) files an application for insurance or statement of claim containing any materially false information, or (b) conceals information concerning any material fact in order to obtain an insurance policy or a benefit under an insurance policy. **A fraudulent insurance act is a crime.** (In Oregon, a fraudulent insurance act may be a crime.) The Hartford shall pursue prosecution of any fraudulent insurance act to the fullest extent of the law.

**For residents of Florida:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

**For residents of New Jersey, Arkansas, and New Mexico:** Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**For residents of Pennsylvania:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects a person to criminal and civil penalties.

**For residents of Colorado:** It is unlawful to knowingly provide false, incomplete, or misleading information to an Insurance Company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or its agent who knowingly provides false, incomplete, or misleading information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to an insurance settlement or award shall be reported to the Colorado Division of Insurance.

**FOR RESIDENTS OF CALIFORNIA: FOR YOUR PROTECTION, CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON."**

**For residents of Louisiana:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**For residents of New York:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**For residents of Puerto Rico:** Any person who knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine no less than five thousand (5,000) dollars nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

**For residents of Virginia:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date