

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 McGill Brokerage and any affiliated companies (hereinafter collectively "McGill") 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 McGill 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 McGill 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 McGill 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 McGill 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 McGill 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 \_\_\_\_\_

## **AUTHORIZATION FOR USE AND DISCLOSURE OF NONPUBLIC PERSONAL INFORMATION (NPI)**

I, the Policy Owner/Proposed Policy Owner, authorize McGill Brokerage or any affiliated company (hereinafter collectively "McGill") to use and disclose any and all Nonpublic Personal Information (NPI) about me to any Authorized Recipient, as such terms are defined below. This authorization and all uses and disclosures of my NPI made under this authorization are for the purposes of allowing McGill and any Authorized Recipient to: (1) determine my eligibility for Insurance Products and Services, as defined below; and/or; (2) market Insurance Products and Services to me.

I, the Insured/Proposed Insured (if different than the Policy Owner/Proposed Policy Owner), authorize McGill Brokerage or any affiliated company (hereinafter collectively "McGill") to use and disclose any and all Nonpublic Personal Information (NPI) about me to any Authorized Recipient (as such terms are defined below). This authorization and all uses and disclosures of my NPI made under this authorization are for the purposes of allowing McGill and any Authorized Recipient to: (1) determine my eligibility for Insurance Products and Services, as defined below; (2) market Insurance Products and Services to me; and/or (3) underwrite my health and/or life expectancy in connection with Insurance Products and Services.

"Nonpublic Personal Information" means information, including, without limitation, nonpublic personal, financial, health and medical information about the Policy Owner and Insured (if different than the Policy Owner) and the Policy Owner/Insured's identity as an owner/insured under a Life Insurance Policy that is obtained, whether from the Policy Owner/Insured, any of the Policy Owner's/Insured's agents or representatives, any insurance company, health care or medical provider, professional or facility or any other source.

"Authorized Recipient" includes 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.

"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.

The Policy Owner and Insured/Proposed Policy Owner and Insured (if different than the Policy Owner) each agree and consent that this authorization shall be effective from the date hereof until the earlier of (a) the date that is two (2) years after the date hereof, or (b) an earlier date as may be required by applicable law or regulation. The Policy Owner and Insured/Proposed Policy Owner and Insured (if different than the Policy Owner) have the right to revoke this authorization, at any time, by providing written notification to McGill Brokerage.

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. The Policy Owner and Insured/Proposed Policy Owner and Insured (if different than the Policy Owner) each certify that he or she is executing and delivering this authorization freely and voluntarily as of the date written below. The Policy Owner and Insured/Proposed Policy Owner and Insured (if different than the Policy Owner) further certify that the authorization is written in plain language and acknowledge that each has received and retained a copy of this signed authorization for future reference.

\_\_\_\_\_  
Signature of Insured/Proposed Insured\_\_\_\_\_  
Printed Name\_\_\_\_\_  
Date

Proposed Insured \_\_\_\_\_ Social Security Number \_\_\_\_\_

## AUTHORIZED RECIPIENTS

### INSURANCE CARRIERS

Accordia Life Insurance Company	Minnesota Life Insurance Company
Allianz Life Insurance Company of North America	Mutual of Omaha
American General Life Insurance Company	National Life Insurance Company*
American National Insurance Company	Nationwide Life Insurance Company
American National Life Insurance Company of NY	New York Life*
Ameritas Life Insurance Corp.	North American Co. for Life & Health
Ameritas Life Insurance Corp. of NY	Pacific Life & Annuity Company*
Assurity Life Insurance Company	Pacific Life*
AXA Equitable Life Insurance Company	Pan-American Assurance Company International, Inc.*
Banner Life Insurance Company	Pan American Life*
Columbian Life Insurance Company	Penn Mutual Life Insurance Company
Columbian Mutual Life Insurance Company	Principal Life Insurance Company
Companion Life Insurance Company	Principal National Life Insurance Company
Fidelity Security Life Insurance Company	Protective Life & Annuity Insurance Company
Fidelity Security Life Insurance Company of New York	Protective Life Insurance Company
First Symetra National Life Insurance Company of New York	Prudential Life Insurance Company
Genworth Life and Annuity Insurance Company	ReliaStar Life Insurance Company (Voya)
Genworth Life Insurance Company	ReliaStar Life Insurance Company of NY (Voya)
Genworth Life Insurance Company of NY	Securian Life Insurance Company
Gerber Life Insurance Company	Security Life of Denver (Voya)
Guardian Life Insurance Company	Security Mutual Life Insurance Company of NY
John Hancock Life Insurance Company (USA)	State Life Insurance Company
John Hancock Life Insurance Company of NY	Symetra Life Insurance Company
Liberty Life Assurance	The Standard
Life Insurance Company of the Southwest*	The Standard Life Insurance Company of New York
LifeSecure Insurance Company	The United States Life Insurance Company in the City of New York
Lincoln Life Insurance & Annuity Co. of NY	Transamerica Financial Life Insurance Company
Lincoln National Life Insurance Company	Transamerica Life Insurance Company
Lloyd's of London	United of Omaha Life Insurance Company
Mass Mutual*	Western-Southern Life Assurance Company
MetLife Investors USA	William Penn Life Insurance Company of NY
Metropolitan Life Insurance Company	

*\*Limitations apply; contact your Case Manager for details.*