

**Cassani & Associates Insurance Services**  
**1391 Redondo Avenue, Suite 200 Long Beach, CA 90804**  
**Phone (800) 388-5429 - Fax (562) 597-3292**

**Authorization to Release Information (Hipaa Compliant)**

**For underwriting and claim settlement purposes regarding me or any child(ren) under the age of 15 named below, I authorize:**

Any medical practitioner; any medical facility; any other medical entity; any insurer; any consumer reporting agency; and MIB Group, Inc. (MIB) to give the Company information about me or such child(ren) including:

Personal information and data: Medical information, records and data (such as; drugs prescribed; medical test results; and information about sexually transmitted diseases):

Information related to alcohol and drug abuse and treatment:

Information records and data relating to Acquired Immune Deficiency Syndrome (AIDS) or AIDS related conditions, including Human Immune-deficiency Virus (HIV) test results, and

Information, records, and data relating to mental illness.

**The company to re-disclose information received pursuant to this Authorization as authorized by me in writing or as otherwise permitted by applicable law.**

**The company to request and obtain; consumer; investigate consumer; or motor vehicle reports.**

**Any employer, business associate, financial institution, or government agency to give the company any information or data that it may have about: occupations; avocations; driving record; finances; character; reputation; and aviation activities.**

**I understand that:**

Information, records and data received that the company receives pursuant to this authorization will be used and maintained by the company as described in the company's **Consumer Privacy Notice**, a copy of which was given to me. I authorize all carriers listed below to give such records or knowledge to Cassani & Associates, Proscanns, American Paramedics, and Jetstream Copy Service.

All of part of the information, records and data that the company receives pursuant to this authorization may be disclosed to MIB. Such information may also be disclosed to and used by: any re-insurer: any company on the insurance applied for or on existing insurance with the company. Information may also be disclosed as otherwise required for permitted by applicable laws.

Information related to alcohol and drug abuse that has been disclosed to the company may be protected by Federal Regulations 42 CFR part 2. This information may be re-disclosed as provided in this authorization.

Medical information, records and data disclosed may have been subject to federal and state laws or regulations, including federal rules issued by Health and Human Services, 45 CFR Parts 160-164. These rules set forth standards for the use, maintenance and disclosure of such information by health care providers and health plans. Once disclosed to the company, this information may no longer be subject to those laws or regulations.

By law, to determine the insurability of other family members.

Information relating to HIV test results will only be disclosed as permitted by applicable law.

If underwriting determines that an investigate consumer report is needed, I will be contacted by the consumer reporting agency and interviewed in connection with its preparation.

This authorization will end 24 months from the date on this form or sooner if prescribed by law. It may revoke it at any time by writing to the company and advising it that I have revoked this authorization. Any action taken before.

I have a right to receive a copy of this form.

**A photocopy of this form is a valid as the original form.**

ANICO	ING / VOYA	Minnesota Life	Peterson International	United Home Life
Accordia/Global Atlantic	John Hancock	Mutual Of Omaha	Principal	
AIG	Life Of The Southwest	National Life Group	Protective	
American Fidelity	Lincoln	Nationwide	Prudential	
Banner Life	Lloyd's Of London	New York Life	Standard Life	
Fidelity Life	Mass Mutual	North American	State Life	
Guardian	Met Life	One America	Transamerica	

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date