Authorization for Release of Insurance & Claims Information

Indylsg

Complies with HIPAA Section 164.508

Name:

SSN:

Address, City, State, Zip (optional):

DOB:

HEREBY AUTHORIZE:

Custodian Name:

Address, City, State, Zip:

THE USE AND/OR DISCLOSURE OF INFORMATION TO:

Attorney & Firm Name:

Address, City, State, Zip:

BY AND THROUGH **INDIANAPOLIS LITIGATION SUPPORT GROUP**, 120 E. MARKET, INDIANAPOLIS, IN 46204

FOR THE PURPOSE OF: LITIGATION/LEGAL PROCEEDING PLEASE RELEASE THE FOLLOWING INFORMATION:

A completed affidavit with a copy of any and all records pertaining to the named claimant, including, but not limited to, the following: claims files, medical bills, lien notices, medical records, notes, memoranda, correspondence, investigative documents, statements, disability forms, applications, itemized billing records, damage estimates, photographs, repair bills and all other documents pertaining to benefits.

DOI:

Policy No:

Claim No:

- [ ] I understand this consent can be revoked at any time except to the extent that disclosure made in good faith has already occurred in reliance to this consent by sending written notice to the custodian listed at the above address.
- [ ] I understand the information described above may be redisclosed by the recipient and, in such case, would no longer be protected by the federal Privacy Rule.
- [ ] The covered entity may not condition treatment, payment, enrollment or eligibility for benefits on whether the individual signs this authorization.

This Authorization expires (60) days from the date of signature below. Once received, the Authorization is otherwise valid until the request is completed. A copy of this Authorization shall be considered as valid as the original.

(Signature)

(Date)

(Personal Representative/Relationship to Person Represented) Please state under what authority you are acting.

HIPAA Compliance. If this Contract involves services, activities or products subject to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Contractor covenants that it will appropriately safeguard Protected Health Information (defined in 45 CFR 160.103), and agrees that it is subject to, and shall comply with, the provisions of 45 CFR 164 Subpart E regarding use and disclosure of Protected Health Information.

HIPAA COMPLIANT