

**AUTHORIZATION FOR USE AND DISCLOSURES OF  
PROTECTED HEALTH INFORMATION**  
to an Authorized Individual/Personal Representative

I, \_\_\_\_\_, policy number \_\_\_\_\_,  
hereby authorize the use and disclosure of my protected health information, as it relates to  
coverage, billing, and claims administration, or as defined, or as limited to the following:

\_\_\_\_\_  
\_\_\_\_\_  
Continental Casualty Company may release my protected health information as described above  
to the following person(s):

\_\_\_\_\_  
Printed Name of Authorized Individual

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

This form is for use and disclosures only. It does not authorize anyone other than me or my legal representative to make any changes to my coverage, billing, or demographic information. I understand that if the person or entity that receives my information is not covered by the federal privacy regulations, my information may be re-disclosed by such person or entity and will then no longer be protected.

This authorization is valid until my coverage ends, unless a specific expiration date or event is specified here: \_\_\_\_\_. I understand that I may revoke this authorization in writing at any time. I am entitled to make a copy of or request to receive a copy of this authorization.

I understand that I am not required to sign this authorization and that payment or eligibility will not be conditioned upon my choice not to sign. I further understand that my protected health information cannot be disclosed to any unauthorized third party without my signature.

I acknowledge by my signature below that I have read and understand this Authorization, that it accurately reflects my wishes, and that a photocopy, facsimile, or other electronic copy is as valid as the signed original.

\_\_\_\_\_  
Signature of Insured or \*Legal Representative

\_\_\_\_\_  
Date

\*If you are signing as a legal representative, describe the scope of your authority to act on the insured's behalf and include a copy of the documentation of your legal authority.

Fax back to us at 1-952-983-5193