



tel 800.362.0700  
fax 610.965.6962  
www.penn treaty.com

### POLICYHOLDER AUTHORIZATION TO RELEASE INFORMATION

Policyholder name \_\_\_\_\_ Policy number \_\_\_\_\_  
PLEASE PRINT

**AUTHORIZATION:** I authorize Penn Treaty Network America Insurance Company, hereinafter referred to as "Penn Treaty," to release written and/or verbal information about my insurance policy and claim, including my medical care and treatment and other non-medical information as deemed necessary by Penn Treaty, to the following individuals:

Name (please print)	Relationship	Telephone number

**REVOCAION:** I understand that I have the right to revoke this authorization. Such revocation must be sent in writing to Penn Treaty at 3440 Lehigh Street, Allentown, PA 18103 and will become effective when received by Penn Treaty. I understand that even if I revoke this authorization, Penn Treaty will, and will be permitted to disclose information as required or permitted by law and as permitted by other authorizations I have given Penn Treaty, and in accordance with its notices of information practices.

**DISCLOSURE AND REDISCLOSURE:** Penn Treaty cannot guarantee that the individuals I have authorized will not disclose or re-disclose my personal information. If disclosed under this authorization, protected health information is no longer protected by the Health Insurance Portability and Accountability Act (HIPAA) and state and federal laws.

**PERIOD OF VALIDITY:** This authorization shall be valid from the date signed for either six (6) months, or as long as my policy remains in force, whichever is later, unless revoked by me or my legal representative. A photocopy of this authorization shall be considered as valid as the original.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Name (please print) \_\_\_\_\_

If this authorization is signed by a personal or legal representative of the applicant/insured, complete the following:

Personal/legal representative's name \_\_\_\_\_

Relationship to applicant/insured \_\_\_\_\_

Basis for representation (POA, guardian, etc.) \_\_\_\_\_

PLEASE ATTACH COPY OF LEGAL DOCUMENT

Penn Treaty Network America Insurance Company (In Rehabilitation)  
(Penn Treaty Network America Life Insurance Company in California)

3440 Lehigh Street :: Allentown, PA 18103