



Authorization for Release of Health-Related Information

This authorization complies with the HIPAA Privacy Rule

By executing this Authorization, I authorize all health care providers that have been involved in my care, diagnosis or treatment (including, but not limited to, physicians, hospitals, clinics, medical practitioners, and other medically related facilities) to disclose my medical records (including, but not limited to, patient histories, progress notes, test results, x-rays and other diagnostic information) to Hooper Holmes, Inc. d/b/a PORTAMEDIC and INFOLINK for the purpose of

(Example: Determine eligibility for life insurance)

(Insurance Company Name)

I understand and agree that Hooper Holmes, Inc. d/b/a PORTAMEDIC and INFOLINK may disclose my medical records and the information contained in those records to third parties, such as insurance companies, or to the representatives of such third parties (including reinsurers and information agencies) for the purpose(s) stated above.

I also understand that when my medical records are disclosed pursuant to this Authorization, my medical records and the information contained in those records may be subject to re-disclosure by the recipient and may no longer be protected by federal privacy laws.

I understand that I may revoke this Authorization, except to the extent that any health care provider or Hooper Holmes, Inc. d/b/a PORTAMEDIC has acted in reliance upon this Authorization. My revocation of this Authorization must be submitted in writing to:

Hooper Holmes, Inc.
Attn: Privacy Compliancy Officer

Basking Ridge, New Jersey 07920

This Authorization will expire on _____, or if no date is filled in, three (3) months after the date the Authorization is signed.

Signature of Individual Whose Information is to be Disclosed or Authorized Representative

Print Name of Individual

Date