



## Seven Corners Form Authorization of Use and Disclosure of Privacy and Claims Information

This form will let us discuss protected health information with a person you choose. Complete the form so this person can make changes to your plan and talk with us about your policy.

<b>Name of Insured:</b>			
<b>Certificate #:</b>		<b>Date of Birth:</b>	
<b>Name of Insured's Guardian or Legal Representative:</b>			
<input type="checkbox"/> All personal health information may be used or disclosed, and the person named below may correct or change policy and information associated with the policy <input type="checkbox"/> All personal health information may be used or disclosed <input type="checkbox"/> Only personal health or privacy information written in the box may be used or disclosed →			
<b>Disclose personal health information indicated above to:</b>	<b>Person/Organization:</b>		
	<b>Address:</b>		
	<b>Relationship:</b>		
<b>Expiration date:</b> <i>(If no expiration date is provided this authorization will expire 12 months after the signature date below.)</i>			

**Risk of Re-disclosure:**

The person or organization indicated above may provide information disclosed under this authorization to others. The privacy of this information may not be protected under the privacy regulations in such situations. Seven Corners does not assume responsibility for the use of this information by said person or organization.

Your signature below affirms that you agree to the above terms of disclosure for the specified personal health information. Retain a copy of this document for your records. *\*This authorization is effective upon receipt by Seven Corners.*

<b>Insured (Guardian/Legal Representative) Signature</b>	<b>Date</b>

Return the completed and signed form to Seven Corners:

**Mail:**

If you are unable to submit your claim documents electronically, you may submit them to the address listed on the back of your ID card or to the address shown on [sevendcorners.com/claims](http://sevendcorners.com/claims).

**Upload:**

[sevendcorners.com/myaccount](http://sevendcorners.com/myaccount)

**Fax**

1-317-575-2256

**Email:**

[claims@sevendcorners.com](mailto:claims@sevendcorners.com)

**Right to Terminate or Revoke Authorization:**

You may revoke or terminate this authorization by submitting a written revocation (Attn: Privacy Officer) to Seven Corners, Inc. using the contact information above.