

Authorization.

## AMERICAN HERITAGE LIFE INSURANCE COMPANY ("AHL")

1776 American Heritage Life Drive Jacksonville, FL 32224

Telephone: (800) 521-3535 Facsimile: (866) 428-2517

## **AUTHORIZATION TO DISCLOSE PROTECTED HEALTH INFORMATION**

## PLEASE COMPLETE ALL SECTIONS ON BOTH PAGES

1. My Information			
Name	Last	First	Middle
Home Address	Street	0''	0.1.17:0.1
	Street	City	State/Zip Code
Phone		Date of Birth	
Coverage Number(s)			
<ul><li>□ Any information re</li><li>□ Health information</li></ul>	s subject to this Authoriza quested	eived by AHL (e.g. claim	es information, etc.), except for the
□ Other policy inform	nation (e.g. billing informa	ation, etc.). Please spec	ify below:
Address*Must be 18 years  4. Purpose of Disclo My protected health in  At my request or a	close my health informati	Relation sed: representative	nship
5. Term			_
This Authorization will			
	the above coverage(s).		
□ The	day of	, 20	
<ul> <li>This authorization</li> <li>The information I entities, including information, which diseases. However</li> </ul>	in the manner described is voluntary. agree to share may be so health care providers. The may address chronic distribution cannot the care this authorization cannot be something.	ensitive and may include his information may inclu seases, behavioral healt not be used to share psy	information created by other de diagnosis and treatment h conditions, and communicable

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<ul> <li>AHL does not guarantee that third party may not be require governing the use and disclowed in the second of this in the second of the</li></ul>	ed to abide by this Authoriz sure of my health information at any time by sending von in effect until the Term of at the address listed above.	ation or applicable fede on. written notice to the add the Authorization expire The revocation will be	ral and state law ress below. es or I provide a written	
Signature of Individual		Date		
Guardian or Legal Representative represent the above individual.	e: Please complete the following	g and attach a copy of you	ır legal authorization to	
Name	Relationship		ship	
Street Address	City	State	Zip Code	
Signature of Guardian or Legal Representative		Date		

## PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS AND RETURN IT TO:

American Heritage Life Insurance Company 1776 American Heritage Life Drive Jacksonville, FL 32224 Fax: 1-866-424-8482

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