MWG INTERNATIONAL
A division of Morgan White Group

Authorization to Disclose Protected Health Information

This form is used to authorize MWG International to disclose an Insured's Protected Health Information to the individuals or organizations named in this form.

A) Member Information *This is the individual whose information will be released.*

(Individuals over 18 years of age must complete their own form, except for Legal Representative situations).

Insured's Name

DOB Day / Month / Year	Policy number	Home Phone / Cell

Home Address | City | State | Zip

B) Authorized Party *This is the person or organization who will receive the Insured's information.*

I authorize MWG International to release the above Insured's Protected Health information to:

_____ _____

_____ _____

C) Information to be Released *If limiting disclosures, please describe.*

Other (please describe): _____

D) Expiration and Revocation *When this authorization will end.*

On this specific date: _____ Occurrence of this event: _____

You may revoke this Authorization at any time by notifying MWG International in writing. Your revocation will not affect any action MWG International took before your revocation was received. To revoke this Authorization, please contact MWG International.

E) Signature *Please sign and date below.*

This authorization is voluntary and completed at my own request. I understand that if the person or organization I have authorized to receive the information is not subject to federal health information privacy laws, the information may be redisclosed and no longer be protected by federal privacy laws. I understand that giving this Authorization is not a condition of enrollment in a health plan or eligibility for benefits. This Authorization is not valid unless completely filled out, signed and dated by the Insured or by the Insured's Legal Representative.

Signature of Insured
(or Insured's Legal Representative)* _____ Date _____ /_____ /_____
Day Month Year

* If the Insured is a dependent minor child, the child's parent or legal guardian must sign this form. This form may **not** be signed on behalf of the Insured by a spouse or parent of an individual 18 years of age or older, unless they are the Insured's Legal Representative and provide proof of this authority to MWG International.

F) Personal Representative Information *If you are signing this Authorization as the Insured's Legal Representative, please complete this section and attach a copy of the legal document establishing this authority (except for the parent of a minor, dependent child).*

Name of Legal Representative: _____

Relationship to Insured:

❑ Parent of dependent minor child ❑ Legal guardian or conservator** ❑ Executor or Administrator of Estate**

❑ Health Care Power of Attorney** ❑ Other: _____

** Other than the parent of a dependent minor child, all other Legal Representative must attach proof of their legal authority to this Authorization, unless these legal papers are already on file at MWG International.

Email completed form to: customerservice@morganwhiteintl.com