

Freedom Benefits Health Insurance Authorization

Use this to designate Tony Novak as health insurance advocate, agent or navigator.

I hereby authorize my health plan(s), my healthcare providers and their applicable business associates to disclose the following Private Health Information (“PHI”) pertaining to me including enrollment, claims, payment and managed care information to the following person for the purpose of assisting me in my quest to obtain eligibility information, approval of application, and/or third party payment assistance for health insurance and related services.

Unless otherwise indicated, my authorization includes the release of the following:

(Strike through those you wish to exclude, if any.)

- Diagnosis and/or treatment for alcoholism and/or drug abuse or dependency
- Diagnosis and/or treatment regarding mental health issues
- HIV antibody test results and/or diagnosis and treatment
- Genetic test results and/or related treatment

Identification of Person Authorizing Release

Name:

SSN:

(The U.S. Department of Health and Human Services requires us to provide a social security number)

Date of Birth:

Address:

Identification of my Health Insurance Advocate, Agent or Navigator

Name: Tony Novak

DBA: Freedom Benefits, OnlineNavigator

Address: P.O. Box 333, Newport NJ 08345

Term of Health Advocate Authorization

Unless otherwise revoked, this authorization will commence on the date indicated below and will expire on the following date, event or circumstance: _____. If I fail to specify, this authorization will expire in twelve months.

Other Conditions

I understand that information used or disclosed based on this authorization may be subject to re-disclosure by the recipient and may no longer be protected by federal privacy regulations.

I understand that I may revoke this authorization at any time by giving written notice of my revocation to health advocate and any other parties affected.

I understand that revocation of this authorization will not affect any action my health advocate or other parties took in reliance on this authorization before it received my written notice of revocation.

Signature:

Date: