

Authorization to Disclose Insurance Information

The **Authorization to Disclose Insurance Information** form sample allows individuals to grant permission for their insurance details to be shared with designated parties. This document ensures compliance with privacy regulations while facilitating the smooth exchange of crucial insurance data. Using a standardized form helps prevent misunderstandings and protects sensitive information.

Personal Information

Full Name:

Date of Birth:

Insurance Policy Number:

Disclosure Authorization

Name of Authorized Recipient/Organization:

Information to Be Disclosed:

e.g., Policy details, Claims

Purpose of Disclosure:

e.g., Claim processing, Verification

Authorization Expiry Date:

Consent & Signature

By signing below, I authorize the disclosure of my insurance information as specified above. I understand that this authorization may be revoked at any time by written notice, except to the extent that disclosure has already occurred based on this authorization.

Signature:

Date Signed:

Submit