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 (417)862-2781 ext. 4039

 The General Council of
the Assemblies of God
1445 N. Boonville Ave.
Springfield, MO 65802

Authorization For Release of Protected Information

I authorize each of the following entities to provide certain protected information to General Council of the Assemblies of God: any hospital or other medical-care institution, physician or other medical professional, pharmacy, insurance support organization, governmental agency, group policyholder, insurance company, association, employer or benefit plan administrator.

I authorize the above entities to provide the General Council of the Assemblies of God the following information: any and all information relating to my health, including but not limited to medical and dental records, medical consultations, treatments, or surgeries; psychiatric or psychological care; use of drugs or alcohol; drug prescriptions; communicable diseases, including HIV/AIDS; and financial and employment related information.

I understand that any information obtained by the General Council of the Assemblies will be used to determine eligibility under one of the General Councils of the Assemblies of God insurance policies.

I understand that information disclosed under this Authorization may be re-disclosed by the recipient and may no longer be protected by federal privacy regulations.

I understand that I or my authorized representative may request a copy of this Authorization.

I agree that a photographic copy of this Authorization shall be as valid as the original.

I understand that this Authorization is valid for 12 months or the duration of any claim for benefits under the Policy, but in no event longer than 24 months.

I understand that I or my authorized representative may revoke this Authorization at any time by providing written notification to the General Council of the Assemblies of God at 1445 N. Boonville, Springfield, MO 65802. Such revocation shall not have any effect on actions that the Companies took in reliance on the Authorization prior to its revocation.

I understand that the signing of this Authorization is voluntary. However, I also understand that if I do not sign this Authorization, the General Council of the Assemblies of God may not be able to obtain information necessary to consider my claim for benefits.

Printed Name:

Signature of Insured/Member or Authorized Representative:

Date:
