

The State of New Hampshire Insurance Department

21 South Fruit Street, Suite 14 Concord, NH 03301

Telephone: 603-271-2261 Fax: 603-271-7066 TDD Access: Relay NH 1-800-735-2964

RELEASE OF INFORMATION FORM

Insured / Claimant Inform	nation		
My Name: (Last)	(First)	(M.I.)	
My Mailing Address:			
City:	State:	Zip Code:	
My Phone No. ()			
My eMail Address:			
Insurance Information			
Insurance Company Name: _	Policy N	Policy Number:	
Insurance Company Phone N	o. ()Claim	Number:	
	CONSENT AND RELEASE		
Must be signed by the in	dividual who is RELEASIN	G insurance information	
I hereby release my insuran	ce information to	authorize	
the New Hampshire Insurance insurance information related communications received fro representatives. I understand information, medical records information. I understand the information may re-disclose	e Department (NHID) to professional to my insurance claim design the insurance company, in that this information may appropriate it is possible that the perticular information to others. It is information to others.	rovide to this individual any scribed below and its agents, or include personal financial on or other confidential son receiving this discharge and release the	
NHID from any responsibility any re-disclosure.	or liability related to the re	elease of these records or	
Printed Name	Signature	Date	



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Email: consumerservices@ins.nh.gov <u>nh.gov/insurance</u>

ACKNOWLEDGEMENT

Must be signed by the individual who will **RECEIVE** insurance information

I acknowledge that the above Release of Information will permit me to **receive** insurance information related to a claim filed by the individual signing the Release of Information. I understand that the NHID cannot disclose insurance information, if a Release of Information is not signed. I also understand the information I may receive may contain personal financial information, medical records, personal health information, or other confidential information.

Printed Name	Signature	Date