

Phone 855.966.1111 | Fax 855.855.0181 | service@aclic.com 1333 W. McDermott Dr. #200, Allen, TX 75013

## Authorization for Release of Medical Records

Authorization for: $ imes$ Disclosure	prization for: $ imes$ Disclosure Inspection Amendment of Protected Health Information			
Patient Name:		Date of Birth:		
Address:		Telephone:		
I hereby authorize the medical professionals and facilities listed below to release my records from the following facilities (list all facilities from which the insured received medical services from the date of the application for insurance with us):				
Dr. Name Facility Na	me	Address	Phone	
1.				
2.				
3.				
4.				
<b>Release to:</b> (please provide names/address of persons/organization to which disclosure is to be made) American Century Life Insurance Company 1333 W. McDermott Dr. #200 Allen, TX 75093 Phone: (855) 966-1111, Fax: (855) 855-0181				
Date of Service to be released:				
For the following purpose: Medi	cal Care Legal	imes Insurance		
Select Portions of Protected Health Information authorized to release				
Abstract/Pertinent Information	Lab	Emergency Room	MD Progress Notes	
Cardiac Studies	Н&Р	Consultation Report	Face Sheet	
Operative/Procedure Report	CPT Codes	Itemized Bill	Radiology	
Admit/Discharge Summary	Radiology Reports	s Digital Images		
Other:				

This authorization is valid until the 180th day after the date it is signed unless it provides otherwise, not to exceed 24 months, or unless it is revoked, and covers only treatment(s) for the dates specified above.

I, the undersigned, have read the above and authorize the staff of the Doctors' offices and facilities listed above to disclose such information as herein contained. I have the right to revoke this authorization in writing at any time except to the extent that action has been taken in reliance upon it. I understand that when this information is used or disclosed pursuant to this authorization, it may be subject to re-disclosure by the recipient and may no longer be protected. I hereby release and hold harmless the above named facility and its parent company from all liability and damages resulting from the lawful release of my Protected Health Information.

Date

ENTIRE RECORD

EXCLUSIONS: