Authorization to Use and Disclose Health Information about Me

Return your completed form to: Long Term Care Partners, LLC | P.O. Box 797 | Greenland, NH 03840-0797

Insured's name

First name M.I. Last name

Date of birth Month / Day / Year

For claim-related purposes of the Federal Long Term Care Insurance Program, including determining eligibility for benefits, care coordination, claim decision-making, coordinating benefits with other insurance companies or payers, claim payment, claim appeals, and claims management activities, I authorize any licensed health care practitioner, medical facility, employer, insurance company, or any other entity or person that has any health information about me to give that health information to Long Term Care Partners, LLC, John Hancock Life & Health Insurance Company, their reinsurers, and their subcontractors that need to know health information to provide contracted services.

The health information I am permitting to be disclosed and used for the Federal Long Term Care Insurance Program includes any information on my medical history, and the diagnosis, prognosis, and treatment of any physical or mental condition. It includes the disclosure of any medical care or surgery, psychiatric or psychological care or examinations, and information about alcohol or drug use (including any information otherwise protected by Federal Regulations 42 CFR Part 2 or other applicable laws). I understand that this authorization includes my consent to use and disclose medical information that relates to mental illness, HIV, AIDS, HIV-related illness, and sexually transmitted diseases or other serious communicable diseases, but only in accordance with any law or regulation that applies to any such disclosure of this information about me.

I understand that:

- If I do not sign this authorization, any claim for long term care insurance benefits may be denied.
- I may revoke this authorization at any time, except to the extent that
  - action has already been taken in reliance on it prior to my revocation, or
  - Long Term Care Partners or my insurer has a right to contest my long term care insurance claim or coverage.
- If I do revoke this authorization, I understand that any claim for long term care insurance benefits may be denied.
- To revoke this authorization, I must notify Long Term Care Partners, LLC, P.O. Box 797, Greenland, NH 03840-0797, in writing.
- If I do not revoke this authorization, it will be valid from the date I sign it to the date the claim is closed.
- My health information may be redisclosed and no longer protected by applicable law, including federal health information privacy regulations. This can occur only if such redisclosure is required or allowed by law (for example in response to a subpoena).
- A copy of this authorization is as valid as the original.

Signature _____ **Date signed** ____ / ____ / ____
(Required) (Required: mm/dd/yy)

If the insured is unable to sign for him/her self, please include legal representation papers, which include insurance and financial authority, if not already submitted.

Legal representative's signature _____ **Date signed** ____ / ____ / ____
(Required) (Required: mm/dd/yy)

The **Federal** Long Term Care Insurance Program™
P.O. Box 797
Greenland, NH 03840-0797

The Federal Long Term Care Insurance Program is sponsored by the U.S. Office of Personnel Management, offered by John Hancock Life & Health Insurance Company, Boston, MA 02117, and administered by Long Term Care Partners, LLC

John Hancock

Authorization for Disclosure of Information

Return your completed form to:
Long Term Care Partners, LLC | P.O. Box 797 | Greenland, NH 03840-0797 | Fax: 1-603-430-6477

Insured's name

First name | M.I. | Last name

Address

City | State/Territory

Country | Zip/Foreign postal code

Date of birth Month / Day / Year

I, the insured named above, authorize Long Term Care Partners, LLC, (LTCP) to disclose information about my insurance coverage and benefits under the Federal Long Term Care Insurance Program (FLTCIP), including demographic information, billing and payment information, claim and related medical information and other information related to the FLTCIP, to the person(s) listed below. This will allow that person(s) to assist me in matters related to my coverage under the FLTCIP.

Name | Relationship | Telephone number

Name | Relationship | Telephone number

I understand that this authorization is voluntary. I understand this authorization will be valid until the earlier of: such time as I no longer have this coverage under the FLTCIP (at which time it will expire) or such time as this authorization is revoked by me. I understand that I may revoke this authorization at any time by notifying LTCP in writing at: **Long Term Care Partners, LLC, Attn: HIPAA Privacy Office, P.O. Box 797, Greenland, New Hampshire 03840-0797**. Revoking this authorization will have no effect on any information released in reliance on this authorization before LTCP received the revocation. I further understand that LTCP will not condition treatment, payment, enrollment, or eligibility for benefits on whether I sign this authorization.

I understand that the individual(s) listed above may re-disclose any information received. Once information is disclosed to the individual(s), I understand that the information may no longer be protected by the Health Insurance Portability and Accountability Act (HIPAA) regulations and other applicable privacy laws.

Signature (Insured person or legal representative) _____

Date signed _____ / _____ / _____

If signed by a personal representative of the insured, please describe the authority under which the personal representative is authorized to act and enclose any related documentation (e.g., copy of power of attorney):

_____

_____

The **Federal** Long Term Care Insurance Program™
P.O. Box 797
Greenland, NH 03840-0797

The Federal Long Term Care Insurance Program is sponsored by the U.S. Office of Personnel Management, offered by John Hancock Life & Health Insurance Company, Boston, MA 02117, and administered by Long Term Care Partners, LLC

John Hancock