



### AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

I hereby Authorize the use and disclosure of my individually identifiable health information as described below.

I understand that signing this Authorization is voluntary and that if I refuse to sign this form it will not prevent receipt of health care or eligibility for benefits under a health plan.

I understand that I am entitled to receive a copy of this form upon signing it.

I understand that if the organization or individual authorized to receive the information is not a health plan or health care provider, the released information may no longer be protected by federal privacy regulations.

I understand that I have a right to revoke this Authorization, but that I must send a written revocation to the address below. I also understand that the revocation applies to uses and disclosures made after the revocation is made.

<b>Patient Name:</b>	
<b>Social Security Number:</b>	
<b>Person or organization authorized to RELEASE my health information:</b>	Name: CIGNA Health Care Address: 499 Washington Boulevard City, State Zip: Jersey City, NJ 07310 Phone Number: (201) 533-7000
<b>Person or organization authorized to RECEIVE my health information:</b>	Name: School of Visual Arts Address: 209 E. 23 <sup>rd</sup> Street City, State Zip: New York, NY 10010 Phone Number: (212) 592-2640
<b>Specific description of information is to be disclosed (be specific, include dates):</b>	Dates of Service: _____ Name of Physician: _____
<b>What is the purpose of the disclosure?</b>	Claim Resolution      Other _____
<b>This authorization will expire on (date or event):</b>	Date: _____
Signed:	Date: _____
Patient Name (Print):	
If signed by a patient representative Representative Name (Print):	Relationship to Patient, including authority for status as representative:

\* \* \* YOU MAY REFUSE TO SIGN THIS FORM \* \* \*

This form does NOT authorize the release of psychotherapy notes.

*This form does not constitute legal advice and is provided "as is." This form is based upon current federal law and is subject to change based upon changes in federal law or subsequent interpretive guidance. This form must be modified to reflect state law where the state law is more stringent.*