



# The State of New Hampshire Insurance Department

21 South Fruit Street, Suite 14; Concord, NH 03301  
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## RELEASE OF INFORMATION FORM

### Insured / Claimant Information

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 Number: \_\_\_\_\_

Insurance Company Phone No. (\_\_\_\_\_) \_\_\_\_\_ Claim Number: \_\_\_\_\_

## CONSENT AND RELEASE

Must be signed by the individual who is **RELEASING** insurance information

I hereby **release** my insurance information to \_\_\_\_\_ and I authorize the New Hampshire Insurance Department (NHID) to provide to this individual any insurance information related to my insurance claim described below and communications received from the insurance company, its agents or representatives. I understand that this information may include personal financial information, medical records, personal health information or other confidential information. I understand that it is possible that the person receiving this information may re-disclose this information to others. I discharge and release the NHID from any responsibility or liability related to the release of these records or any re-disclosure.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## 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