

I understand that I have the right to limit the information that you release under this authorization. For example, I may limit my Authorized Representative's access to information about a particular health care provider or a particular diagnosis/disease. Any such limitations must be described below in writing. I understand that by leaving this section blank, I am creating no limitations on disclosure.

Limitations on Disclosure:

Section D: Expiration and Revocation

This authorization to release information to my Authorized Representative will automatically expire two years following the termination of my health plan enrollment.

I understand that I have the right to revoke or end this authorization at any time. I understand that, if I do not wish the person(s) named in Section C to remain my Authorized Representative, I must revoke this authorization **in writing** by giving written notice of my decision to the health plan contact listed below. I understand that my revocation of this authorization will not affect any action that you have taken, or any information that you have already released, based upon this authorization before you actually receive my request to revoke it.

Contact Person: Privacy Officer **E-mail address:** privacyofficer@renaissance-inc.com

Phone: (800) 537-1777 **Facsimile:** (310) 394-0142

Address: Renaissance Agencies, Inc. ♦ P.O. Box 2300 ♦ Santa Monica, CA 90407-2300

Section E: Signature / Authorization

I have had full opportunity to read and consider the content of this Authorized Representative Form. I confirm that this authorization is consistent with my request of the health plan and its administrator. I understand that, by signing this form, I am confirming my authorization that the health plan may use and/or disclose my personal health information to the person(s) named in Section C for the purpose described above.

Signature: _____

Date: _____

PLEASE RETURN THE SIGNED AUTHORIZATION FORM TO:

**PRIVACY OFFICER
RENAISSANCE AGENCIES, INC.
P.O. BOX 2300
SANTA MONICA, CA 90407-2300
USA**

OR FAX: (310) 394-0142

YOU ARE ENTITLED, UPON REQUEST, TO A COPY OF THIS AUTHORIZATION FORM AFTER YOU SIGN IT.