



Insurance Assistance Authorization

Your permission is requested and authorization is required to share your personal information, which may include health information, social security number, address and birthdates with the Riggs Community Health Center for the purpose of assisting you apply for coverage through Presumptive Eligibility, Healthy Indiana Plan, and Medicaid. Your privacy is protected by the state and federal privacy laws. This authorization allows the assister to facilitate communication and offer unbiased information but does not allow the assister to make decision or choose and insurance plan on behalf of the consumer. The choice of plans is the responsibility of the consumer.

Expiration Date or Event

This Authorization will automatically expire a year from this date. Assistance in the future may require another authorization to be signed.

Right to Revoke

You have the right to revoke this authorization at any time. Any disclosures of your personal information, including health information, which we may have been made under this authorization prior to revocation will not be affected (they were made while the authorization was still in effect).

Further Disclosure

Once your personal information, including health information is entered onto the application Riggs Community Health Center will no longer have access to the information for future use. Riggs Community Health Center is not responsible and cannot control what the healthy Indiana Plan and Medicaid does with your information.

I Authorize assistance from the Riggs Community Health Center to apply for Presumptive Eligibility, HIP 2.0, Medicaid and other Insurance Eligibility Programs:

Consumer Name: _____ **Today's Date:** _____

Consumer Signature: _____

Navigator: *Marlene Pelayo*

