

# FINANCIAL ARTS, INC.

## INFORMATION ABOUT THE USE OR DISCLOSURE OF PRIVATE INFORMATION

I have been offered the Financial Arts, Inc. Privacy Practices Notice. I can obtain a copy if I request it.

I hereby authorize the use or disclosure of my individually identifiable health and financial information as described below. I understand that this authorization is voluntary and that I may refuse to sign this authorization, and that I may revoke it at any time by submitting my revocation in writing to the business associate providing the information.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Phone #: \_\_\_\_\_

Can we leave a message at this number? YES or NO      Or just ask you to call us back? YES or NO

### Name & Relationship of Authorized Person

### What information can we share with them? (Please Circle)

_____	Life	Health	Annuity	Financial	All Info
_____	Life	Health	Annuity	Financial	All Info
_____	Life	Health	Annuity	Financial	All Info
_____	Life	Health	Annuity	Financial	All Info
_____	Life	Health	Annuity	Financial	All Info

**This authorization is permanent unless revoked in writing.**

\_\_\_\_\_  
Signature of Individual or Individual's Representative  
(Form Must Be Completed Before Signing)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Individual or Individual's Representative

\_\_\_\_\_  
Relationship to Individual