



Genworth Life & Annuity
 Genworth Life
 Genworth Life of New York
 Attn: LTCI Claims
 P.O. Box 40007
 Lynchburg, VA 24506-9939

HIPAA Authorization

from Genworth Life and Annuity Insurance Company,
 Genworth Life Insurance Company and
 Genworth Life Insurance Company of New York†

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Fax No.: 888 557.5526 (“Attn: Claims”)
Phone No.: 800 876.4582 (Non-NY)
 888 557.5529 (NY)

Visit us on the Web:
www.genworth.com/claims

Register Online:
www.genworth.com/login.html

This is a HIPAA compliant authorization.

- Please print clearly using blue or black ink, and initial any corrections.
- Please keep a copy of this form for your records.
- Your applicable Genworth company listed at the top of this page is hereafter referred to as “the Insurance Company” on this form.

Policy and Claim Information

Insured Name(s)

.....

All Policy Numbers

.....

Claims Number(s)

.....

Disclosure Authorization

If you are granting access to a corporate entity / facility, the information provided will be limited to information relevant to the entity’s involvement in your treatment, payment or care, and will only be released to an appropriate staff member (such as the Director of Nursing, Director of Admissions, or an administrator).

At my request, I authorize the Insurance Company to use and disclose my Protected Health Information* relevant to this claim to those I have listed below (family members, friends, etc.).

Name

.....

Address

.....

City

State

Zip code

.....

Phone

Email

.....

Name *(Additional if Needed)*

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Address

.....

City

State

Zip coded

.....

Phone

Email

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HIPAA Authorization

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Disclosure Authorization (continued)

Name *(Additional if Needed)*

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Address

▪

City

State

Zip code

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▪

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Phone

Email

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* Please note: Access to Protected Health Information may be limited depending on the authority of the person signing this document (see instructions on page 3 for further details)

Declaration and Signature(s)

I understand:

- This authorization shall remain in force from the date it is signed for the duration of the claim, unless state law imposes a shorter duration.
- This authorization may be revoked by writing to P.O. Box 40007, Lynchburg, VA 24506-9939.
- If this authorization is revoked, the revocation is not effective for any information that was previously used or disclosed in reliance on this Authorization.
- Some of the health information obtained may be disclosed, pursuant to this authorization, to person or organizations that are not subject to federal health information privacy laws, resulting in the information no longer being protected under such laws.
- The Insurance Company may not condition treatment, payment, enrollment or eligibility for benefits on the signature of this Authorization.
- That I should keep a copy of this Authorization for reference, and a copy of this Authorization will be considered as valid as the original.

If you are signing as a fiduciary or representative, you must sign in that capacity and, if you have not already done so, provide documentation of authority.

Authorization for the designees listed will be limited to the rights of the person(s) signing this document. (See instructions on Page 3 for further details)

**SIGN
HERE** 

Signature of Insured or Legal Representative

X

Print Name of Insured or Legal Representative

▪

Date

▪

Capacity *Select One*

Individual / Self

Attorney-In-Fact

Guardian

Conservator

Custodian

Health Care Agent

Executor / Executrix

Personal Representative

Administrator

Other (Please specify)

HIPAA Authorization

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Instructions

Access to information may only be granted if the person signing this form has the authority to grant access to that information. If you are acting in a fiduciary capacity, you should review your legal documentation carefully to determine what authority you have and/or what access you may grant to others.

If the authority is not in effect until a certain event takes place (such as incapacitation or inability to make decisions), please provide evidence to support that the event has taken place as specified in the legal document. If the event has not yet occurred, you may be limited to the information you can access yourself and/or the authorization you may grant to others.

The information provided below is meant only as a guide. You must review your specific legal documentation to determine if you have the authority to access and/or grant access to certain information.

Generally speaking,

- If you are an agent under a Power of Attorney that only provides for financial authority, you may be limited to giving access to Financial Information only.
- If you are an agent under a Power of Attorney that has specific Protected Health Information provisions allowing you to grant access to Protected Health Information to others, you may grant access to Protected Health Information.
- If you are an agent under a Power of Attorney that has healthcare authority, you may grant access to Protected Health Information.
- If you are an agent under a Health Care Power of Attorney, you may grant access to Protected Health Information.
- If you have been appointed a guardian or conservator of the person, you may grant access to Protected Health Information.
- If you have been appointed a guardian or conservator of the estate, you may grant access to Financial Information only.
- If you have been appointed a guardian or conservator of the person and estate, you may grant access to Protected Health Information.

Definitions

Protected Health Information: All identifying information, Financial Information as defined below, medical information and records, answers to health questions, information supplied as part of and on the application, information relating to a claim for benefits and information from or about customers in the claim process. Examples include birth date, address, invoices, payments and assessment results.

Financial Information: A subset of protected Health Information, this includes all information related to the policy and its provisions such as daily benefit, lifetime payment max, benefit check amount, invoices, Explanation of Benefits and copies of correspondence, excluding any information or correspondence containing medical information.

Power of Attorney: A Power of Attorney (POA) is a legal document in which one person (known as the principal) grants another person (known as an agent or representative) the authority to act on his or her behalf. The document may also contain restrictions regarding when it becomes effective or when the powers terminate. Every act performed by the agent within the authority of the POA is legally binding upon the principal.

HealthCare Power of Attorney: Authorizes a person to act as a healthcare agent for the principal. This person may make health care decisions and has access to Protected Health Information. May include a clause that authorities only take effect upon an event specified in the POA document (e.g., declaration of the principal's incapacity).

Guardianship/Conservatorship: Refers to a legal document that grants legal authority by a court of law. The court will grant Guardianship (or Conservatorship in some states) when it has been shown that the Insured is unable to handle his/her own affairs.