Authorization for Release of Medical Information

Date: _____

Employer: _____

Insured: _____

ID Number: _____

Services for: _____

To: All physicians and other health professionals, and all hospitals and other health care institutions

You are authorized to provide Tongass Timber Trust information concerning health care, prescribing of medication, other supplies provided and any type of medical treatment including mental illness and substance abuse treatment.

Information released to Tongass Timber Trust is strictly confidential and used for the purpose of evaluating and administering claims to allow for the appropriate payment of benefits under the plan.

Signature:_____ Date: _____

Patient or Legal Guardian