

Authorization Form for the Release of Information

The Serving Health Insurance Needs of Everyone (SHINE) Program is a health benefits information, counseling and assistance program administered by the Executive Office of Elder Affairs. It provides confidential counseling on health insurance options for Medicare beneficiaries of all ages and their caregivers.

I authorize [Click here to enter text.](#) (SHINE Counselor) of [Peabody Council on Aging](#) (SHINE site), to ask about and receive protected health information on the following: (Place an x, One or more may apply)

[Click here to enter text.](#) Medicare Information to create a MyMedicare.gov account:

[Click here to enter text.](#) Eligibility information:

[Click here to enter text.](#) Health insurance coverage issued by: (Employer/Medicare/etc.)

My Policy/Member ID Number (for employer retiree plans): [Click here to enter text.](#)

[Click here to enter text.](#) Other matters described here: [Click here to enter text.](#)

This authorization allows the SHINE counselor to receive my protected health information for the purpose of establishing a MyMedicare Account which will facilitate a Medicare Plan finder search.

This authorization will be valid for one day: _____ (date of appointment to be filled in upon receipt)

Please retain a copy of this Authorization Form for Release of Information in your files for future inquiries from the person named above.

I understand I may cancel this authorization at any time.

Signature of Consumer

<p>Click here to enter text.</p>
<p><i>Authorized Representative (if applicable)</i></p> <p>Click here to enter text.</p>
<p><i>Print Name</i></p> <p>Click here to enter text.</p>
<p><i>Address</i></p> <p>Click here to enter text.</p>
<p><i>Phone Number</i></p> <p>Click here to enter text.</p>
<p><i>Date</i></p> <p><i>Click here to enter text.</i></p>