



**INSTRUCTIONS FOR THE USE OF THE HIPAA COMPLIANT AUTHORIZATION FORM  
TO RELEASE HEALTH INFORMATION NEEDED FOR LITIGATION**

This form was designed to produce a standard official form for Preferred Mutual Insurance Company that complies with the privacy requirements of the federal Health Insurance Portability and Accountability Act (HIPAA) and its regulations, to be used to authorize the release of health information in the processing and/or settlement of injury claims.

When filing out Item 11, which requests the date or event when the authorization will expire, the person filling out the form may designate an event such as “at the conclusion of my bodily injury claim” or provide a specific date of time, such as “3 years from today’s date”.

If a patient seeks to authorize the release of his or her entire medical record, but only from a certain date, the first two boxes in section 9(a) should both be checked, and the relevant date inserted on the first line containing the first box.