



PO Box 907
Lincroft, NJ 07738

Plymouth Rock Management Company of New Jersey
High Point Preferred Insurance Company
High Point Safety and Insurance Company
High Point Property and Casualty Insurance Company
Teachers Auto Insurance Company of New Jersey
Palisades Safety and Insurance Association
Palisades Insurance Company
Palisades Property and Casualty Insurance Company

HIPAA COMPLIANT MEDICAL AUTHORIZATION

To whom it may concern:

I, _____ hereby authorize the release of all medical documentation and other information which may be in the position of any insurer, physician, diagnostic facility, hospital, or any other health care provider to Plymouth Rock Management Company of New Jersey (hereinafter called "The Company") regarding my injuries, medical history, and physical and mental condition both prior to and subsequent to the date of this authorization, regardless of lapsed time.

Upon presentation of this authorization (or a photocopy), you are authorized to release a copy of these records to any representative of The Company. I understand that authorization may be subject to re-disclosure by the recipient and may no longer be protected by federal law.

The purpose of this disclosure is at my request and this Medical Authorization shall be deemed to comply with the requirements of the Health Insurance Portability and Accountability Act (HIPAA).

This Medical Authorization shall expire upon final resolution of my pending claim with The Company. I understand that I may revoke this Medical Authorization at any time by sending written notice to the medical providers and to The Company.

I understand that failure to sign this medical authorization may delay reimbursement of medically necessary treatment.

Signature _____

Print Name _____

Date of Birth _____

Date _____