Northern Illinois University
Student Insurance Office
Health Services Room #201
DeKalb, IL 60115

Authorization of Release of Confidential Health Insurance Claims Information

Phone: (815) 753-0122
Fax: (815) 753-0965
www.studentinsruance.niu.edu
Email: StudentInsurance@niu.edu

Student Last Name	First	Middle	Z-ID #
Local Address		Apt #	Date of Birth
City	State	Zip	

Information will be release from: Student Insurance Office, Northern Illinois University

Information will be Released To: Name: _____ Phone: _____

Address: _____

Indicate Information to be Released: Claims from Date of Service: _____ to: _____

Choose the appropriate box below if information is to be released for a specific condition only:

□ Mental Health Claims □ Substance use/Alcohol Claims □ HIV □ Sexual Assault Claims

□ Claims Related to Specific Condition not mentioned above (List) _____

□ Other: _____

If protected health insurance information is NOT to be released, describe here (please be specific):

_____

Diagnosis of Mental Health and/or Alcohol and Substance abuse are NOT included in general release. Federal regulations outlined in the Code of Federal regulations, 42 CFR, Ch1, Part 2 (1983) and Illinois 740 ILCS 110 require Mental Health and/or Alcohol and Substance abuse information specifically indicated if needed.

READ THE FOLLOWING AND SIGN BELOW:

- This information is to be used for the purpose of advising about or assisting in the dispensation of health insurance claims that have been/will be submitted to the Northern Illinois University Student Insurance Office for processing by the commercial insurance plan company.
- I may revoke this authorization at any time (except to the extent that action has already been taken) by submitting a written revocation to Northern Illinois University Student Insurance Office.
- This authorization will be considered valid for 90 days following the date of my signature unless otherwise specified here: _____.
- I release the individual or agency identified above and the State of Illinois, the Board of Trustees of Northern Illinois University and their respective officers, employees and agents from any legal liability claim that may arise from the disclosure of this information.

Claimant Signature: _____ Date: _____

Office use only: Rec. by _____ (Initial) Method of Disclosure: □ Mail □ Verbal □ Fax □ Hand Carry