



**Health Insurance Portability and Accountability Act (“HIPAA”)  
This Authorization is HIPAA compliant.**

Proposed Insured: \_\_\_\_\_

**Purpose:**

The purpose of this Authorization is to permit Next Generation Financial Group, LLC. to obtain and release nonpublic personal information about me, the Proposed Insured named above, for the purposes of determining my eligibility for and obtaining insurance products and services from one or more of the insurers or other institutions listed on the bottom portion of this document. Information that may be released to and disclosed to Next Generation Financial Group, LLC and the companies listed on the bottom of this document pursuant to this Authorization shall include any and all Information, to the extent permitted by applicable law.

**Information to be Released:**

The information to be released pursuant to this Authorization includes any personal health information, records or data concerning my past, present, or future mental, physical or behavioral health or condition (“Information”), to the extent permitted by law.

Specifically, Information includes all information, records or data relating to my physical or mental history or condition; medical treatment, diagnosis, or prognosis, including medications prescribed to me; other insurance coverage(s); hazardous activities; general character and general reputation; finances; occupation; avocation, including any hazardous hobbies; driving records; aviation activities and other personal traits.

I understand that this Information may include results from blood, saliva, urine and other tests.

I further understand that this Information may, if applicable, include information regarding diagnosis, prognosis and treatment of alcohol or drug abuse (including records protected under federal law 42 CFR Part 2); serious communicable disease or infection, including sexually transmitted diseases; HIV infection, including medical test results.

**Authorization:**

I authorize any physician or other medical practitioner, any hospital, clinic, or other health-related facility, any medical testing laboratory, any insurer, any state motor vehicle department, my past or current employer(s), the Social Security Administration, and any other organization, institution or person that has Information about me to release such Information to Next Generation Financial Group, LLC and its authorized representatives.

I specifically authorize the Companies listed on the bottom portion of this document to receive Information from and to release Information to NEXT Generation Financial Group, LLC. I also specifically authorize Next Generation Financial Group, LLC and the Companies listed on the bottom portion of this document to release Information about me to their reinsurers, underwriters or other persons or organizations performing business, professional or insurance functions for them. I also authorize the Medical Information Bureau, Inc. (MIB) to release Information directly to any Carrier listed on the bottom portion of this document, upon such insurer’s request, provided the insurer is a member of the MIB.

I understand that Information disclosed to Next Generation Financial Group, LLC may have been subject to state and federal privacy laws and regulations. Once Information is disclosed to Next Generation Financial Group, LLC, it may no longer be subject to those laws and regulations. I understand that if I refuse to sign this Authorization to release my complete medical records, Next generation Financial Group, LLC.

A photocopy of this Authorization shall be as valid as the original.

This Authorization shall be effective for six months after the date signed below, unless revoked by me in writing and written notice of the revocation is provided to Next Generation Financial Group, LLC at 10025 West Markham Street, Suite #130, Little Rock, AR, 72211. Any action taken in reliance on this Authorization prior to the notice of the revocation shall be valid.

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

This authorization is effective up to \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Signature of Proposed Insured \_\_\_\_\_  
Witness Signature \_\_\_\_\_

Witness Signature \_\_\_\_\_

Next Generation Financial Group, LLC  
ECA Marketing, Inc.  
Express Imaging Services, Inc.  
AIG  
Allianz Life Insurance Company  
American National  
Americo Financial Life Insurance Co  
Assurity Life  
Aviva Life & Annuity Company  
AXA  
Banner Life

Equitable Life & Casualty  
Genworth  
Great American  
Guardian  
The Hartford  
ING  
John Hancock  
Lafayette Life  
Life Of The Southwest  
Lincoln Benefit Life  
Lincoln Financial

Metropolitan Life  
Mutual Of Omaha  
National Western  
Nationwide  
New York Life  
North American Life & Health  
Old Mutual  
Pacific Life  
Penn Mutual  
Phoenix Life  
Principle Financial Group

Protective Life  
Prudential  
Transamerica  
West Coast Life  
Ohio National  
Jackson National  
Mass Mutual  
Great American  
RBC Insurance  
Shenandoah Life  
Sun Life Financial