



# U.S. Senator John Cornyn

Attention: Casework  
517 Hart Senate Office Building  
Washington, DC 20510-4305  
(972) 239-1310 (Telephone)  
(972) 239-2110 (Fax)

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## HEALTHCARE PRIVACY RELEASE FORM

I hereby authorize Senator John Cornyn to request on my behalf, pertinent to the Freedom of Information and Privacy Act of 1974, Title 5, Section 552A of the U.S. Code, access to information concerning me in the files of the following agencies:

\_\_\_\_\_ (Agency with which you are having difficulties).

Additionally, Senator Cornyn is authorized to see any materials that may be disclosed pertinent to that request.

**\*\*\*PLEASE BRIEFLY DESCRIBE YOUR DIFFICULTY ON A SEPARATE PAGE\*\*\***

Name: (Mr./Mrs./Ms.) \_\_\_\_\_  
(Please Print Clearly)

Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City, State, Zip)

Telephone number: \_\_\_\_\_ Alternate: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### PLEASE CHECK THE APPROPRIATE BOX(ES) INDICATING YOUR COVERAGE TYPE:

#### Public Health Insurance:

- Medicare
- Medicaid
- State Children's Health Insurance Program
- Indian Health Service
- State risk pool
- Pre-existing Condition Insurance Plan

#### Private Health Insurance:

- Marketplace plan purchased through the state-based exchanges
- Employer-sponsored
- Individually purchased
- Association group

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_