



PREVENTIVE CARE CAMPAIGN FORM

EMPLOYEE SECTION: Employee Authorization to Release Personal Health Information

Dear Health Care Provider:

My employer, Connecticut Attorneys Title Insurance Company (CATIC), sponsors a voluntary wellness program in which I have chosen to participate. The program focuses on preventive care and provides an incentive for employees who receive a preventive care physical exam deemed appropriate by their physician.

I hereby authorize _____ [NAME OF HEALTH CARE PROVIDER] to disclose the personal health information outlined below to my employer.

EMPLOYEE'S SIGNATURE PRINTED NAME OF EMPLOYEE DATE

PHYSICIAN SECTION: Physician's Verification of Preventive Care Examination Visit

This patient visited my office on the date indicated below for a preventive care examination that I deemed appropriate based on patient's age, gender and medical history.

DATE OF EXAM PHYSICIAN'S SIGNATURE PRINTED NAME OF PHYSICIAN

NAME OF PRACTICE

STREET ADDRESS

CITY

STATE, ZIP CODE

Please return completed form to employee

For Questions Telephone:

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