FIS 2380 (09/22) Department of Insurance and Financial Services

## **Authorization for Release of Information (Non-Protected Health Information)**



|  |  |   | Consumer Services File Number (if assigned)   |   |
|--|--|---|---|---|
| Name Street Address  |  |   | Complainant Industry/Service (please check those that apply):  Auto/Home Insurance*   | <ul> <li>□ Mortgage Loan</li> <li>□ Health Insurance*</li> <li>□ Bank or Credit Union</li> <li>□ Life Insurance*</li> </ul> |
| `i+.,  | State  | Zip Code  |   | ☐ Other   |
| City   | State  | Zip Code  | *If the complaint/concern involves Protected Healt<br>the Authorization to Disclose PHI (FIS 2381) form   | th Information (PHI), you will also need to complete  |
| Email Address  |  | Phone Number  |   |   |
| By providing your em   | nail address you consent to receiv   | re DIFS correspondence via email)   |   |   |
| ry promaing your on  | ion dudicos you concorn to recent  | <u> </u>  |   |   |
| Please provide   | a brief description of the   | e issue:  |   |   |
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| AUTHORIZE [  | DIFS TO SHARE MY INFO  | RMATION*  |   |   |
| List the informatio  | n you would like to share in th  | ne section below. For example,  | you may write 'all my information' or list certain ty   | /pes of information you would like to share,  |
| ist the informatio   | n you would like to share in th  | ne section below. For example, details of contact with the licens                 | you may write 'all my information' or list certain ty<br>see,' etc. *If the concern involves Protected Health   | /pes of information you would like to share,<br>n Information (PHI), you will also need to                                  |
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| List the information such as 'information complete the Authorized Please mail this DIFS – Office of P.O. Box 30220 | n you would like to share in the on related to my complaint, 'control of the control of the cont | le section below. For example, details of contact with the licens 3 2381) form.   | eee,' etc. *If the concern involves Protected Health, authorize the Michigan Department didential information to Senator or Representative by complaint with DIFS, unless otherwise restricted. | n Information (PHI), you will also need to  of Insurance and Financial Services (DIFS)  or his or h                         |



DIFSComplaints@michigan.gov