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

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

Name			Consumer Services File Number (if assigned)
Street Address			**Complainant Industry/Service (please check those that apply):** ❑ Auto/Home Insurance* ❑ Medicare Supplement* ❑ Mortgage Loan ❑ Health Insurance* ❑ Bank or Credit Union ❑ Life Insurance* ❑ Other_____ **If the complaint/concern involves Protected Health Information (PHI), you will also need to complete the Authorization to Disclose PHI (FIS 2381) form.*
City	State	Zip Code	
Email Address (By providing your email address you consent to receive DIFS correspondence via email)			Phone Number

Please provide a brief description of the issue:

I AUTHORIZE DIFS TO SHARE MY INFORMATION*

List the information you would like to share in the section below. For example, you may write 'all my information' or list certain types of information you would like to share, such as 'information related to my complaint,' 'details of contact with the licensee,' etc. *If the concern involves Protected Health Information (PHI), you will also need to complete the Authorization to Disclose PHI (FIS 2381) form.

Please mail this form to: **DIFS – Office of Consumer Services** **P.O. Box 30220** **Lansing, MI 48909-7720** **Or fax to: 517-284-8837** **Or email to:** **DIFSComplaints@michigan.gov**	I, _____, authorize the Michigan Department of Insurance and Financial Services (DIFS) to release otherwise confidential information to Senator or Representative Winnie Brinks or his or her designee, related to my complaint with DIFS, unless otherwise restricted by state or federal law. Constituent Signature Date