



HIPAA Compliant Authorization and Company Privacy Policy Disclosure

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

INTRODUCTION:

The Health Insurance Portability and Accountability Act (“HIPAA”) provides safeguards to protect your privacy. Implementation of HIPAA requirements officially began on April 14, 2003. Many of the policies have been our practice for years. HIPAA’s complete text is available on the U.S. Department of Health and Human Services web site: www.hhs.gov.

HIPAA states that there are rules and restrictions on who may see or be notified of your Protected Health Information.

Your information will be kept confidential except as is necessary to provide services or to ensure that all administrative matters are handled appropriately.

We agree to provide clients with access to their records in accordance with state and federal laws. You understand and agree to inspections of our office and review of documents which may include Protected Health Information by government agencies or insurance payers in normal performance of their duties.

Your confidential information will not be sold for any reason. We may change, add, delete or modify any of these provisions to better serve the needs of this company and you as the client. Any such modifications will be posted on our website. This Notice is effective as of June 1, 2014. You have the right to request restrictions in the use of your protected health information as the law permits. You also have the rights to: (1) receive confidential communications of Protected Health Information; (2) inspect and copy your Protected Health Information; (3) amend Protected Health Information that was previously provided; and (4) receive an accounting of disclosures of your Protected Health Information. These rights may be exercised by sending written requests to:

**Westland Financial Services Inc.
ATTENTION: Compliance and Suitability
1717 Kettner Blvd., Suite 200
San Diego, CA 92101**

[GO TO NEXT PAGE FOR THE HIPAA AUTHORIZATION AND PRIVACY POLICY]

HIPAA AUTHORIZATION:

I authorize any physician, health plan, medical practitioner or provider, including but not limited to any psychiatrist/psychologist, chiropractor, physical therapist, hospital, clinic, pharmacy or facility authorized and appropriately licensed for treatment of medical related conditions to provide/disclose my entire medical records, including but not limited to those records pertaining to consultations, visits, conversations, treatment, procedures, evaluations and any other Protected Health Information related to or by me for the past ten (10) years to Westland Financial Services Insurance Services, Inc, and/or its agents, vendors, employees or persons performing underwriting related services on behalf of Westland Financial Services Insurance Services, Inc. This authorization includes information on diagnosis and/or treatment of Acquired Immunodeficiency Syndrome (AIDS), Human Immunodeficiency Virus (HIV), sexually transmitted diseases, psychological/psychiatric illnesses and the use of drugs, tobacco and/or alcohol.

This Protected Health Information is to be used by Westland Financial Services, Inc. and its Underwriting Consultant at Partners Advantage for the sole purpose of obtaining insurance and authorizing other legally permitted actions that relate to coverage for which I have applied. The HIPAA protected Protected Health Information will be provided to and shared with underwriters, staff and internal support for the aforementioned purpose of obtaining insurance through Westland Financial Services, and the companies listed below to secure the best insurance offer.

LIST OF CARRIERS:

AGLA	F&G Life	Legacy	Principal (A)
American General (L&A)	F&G Annuity & NY	LG America (Banner)	Principal (L)
American General NY	Fidelity Life	Lincoln Financial (L&A)	Principal NY
Ameircan General Worksite	Foresters	LSW (L&A)	Protective (L&A)
Allianz (L,A & NY)	Forethought	Metlife	Prudential
American Equity	Genworth (L&A)	Metlife NY	Reliance Standard
ANICO (L&A)	Genworth NY	Minnesota Mutual	SBLI (L&A)
Americo (L&A & Final Expense)	Great American/ Annuity Investors	Monumental Life	Sentinel
Assurity	GTL	MTL	Standard Annuity
Athene	Guggenheim	NACOLAH (L&A)	Trans Family Life
Accordia (AVIVA)	IL Mutual Life	National Western	Trans Annuity
AVIVA (Am Invest)	ING Term	Nationwide life & NY	Trans Life (occidental)
AVIVA (Amerus)	ING Northern Annuity	NGL	Trans Life NY (occidental)
AVIVA (Bankers NY)	ING Reliastar life & NY	NY Life	UHL
AXA	ING Annuity	One America/ Statelife	Mutual/Untied of Omaha (L&A)
Equitrust	John Hancock life & NY	Penn Mutual Life & NY	NY Companion
EMC (L&A)	Lafayette (L&A)	Presidential	William Penn NY



This document is valid for a period not to exceed 18 months (1.5 years) from my date of signature. If for any reason I wish to revoke this authorization, I may do so in writing to:

Westland Financial Services, Inc.
ATTENTION: Compliance and Suitability
1717 Kettner Blvd., Suite 200
San Diego, CA 92101

PRIVACY POLICY

Legal Obligations:

Westland Financial Services, Inc. is required by law to maintain the privacy of your Protected Health Information, as well as to provide you with this Notice of our legal duties and privacy practices respecting your Protected Health Information, and to notify you if there is any breach of unsecured Protected Health Information. Westland Financial Services, Inc. is also required to abide by the terms of this Notice, as the same may be amended by Westland Financial Services, Inc. or by changes in the law.

Due Diligence:

Westland Financial Services, Inc. may collect public, non-public and private personal health and financial information about you from any or all of the following sources:

1. Personal application, forms and questionnaires;
2. Business transactions with carriers, institutions or product sponsors; and
3. Affiliated/unaffiliated product sponsors pursuant to a solicitation agreement whose products you may own.

Information Disclosure:

Westland Financial Services, Inc. does not share non-public or private information with any third party regarding any clients past or future, except where permitted by law, and Westland Financial Services, Inc. provides safeguards that are consistently monitored to ensure protection within federal, state and municipal regulations.

Examples of third parties that we are in agreement to share information with include but are not limited to:

1. Insurance carriers aforementioned via HIPAA regulated transmission;
2. Securities clearing agencies;
3. Investment advisory firms solely for the purpose of management of customer accounts;
4. Regulatory, or federal, state or municipal authorities; and
5. Record keeping companies.



HOW TO COMPLAIN ABOUT OUR PRIVACY PRACTICES:

If you think we may have violated your privacy rights, or you disagree with a decision we made about access to your Protected Health Information, you may file a complaint with Westland Financial Services in writing, addressed to:

**Westland Financial Services Inc.
ATTENTION: Compliance and Suitability
1717 Kettner Blvd., Suite 200
San Diego, CA 92101**

You also may send a written complaint to the Secretary of the Department of Health and Human Services using the Regional Office or Headquarters address below:

**U.S. Department of HHS, Region IX
90 7th Street, Suite 4-100
San Francisco, CA 94103
Phone: (800) 368-1019
Fax: (415) 437-8329
TDD: (800) 537-7697**

**U.S. Department of HHS, Headquarters
200 Independent Avenue, S.W.
Room 509 F HHH Building
Washington, DC 20201**

Upon affixing my signature to this document, it is understood and agreed that I will hold Westland Financial Services, Inc. fully harmless from any unauthorized access to or use of by any person or company not noted in any of the above Authorization.

I have read and completely understand this document. I have received a copy of this document with a copy as valid as the original for a period of 18 months (1.5 years) from the date below.

Signature of Proposed Insured, Parent or Legal Guardian

Printed Name of Proposed Insured

Printed Name of Parent or Legal Guardian

Date of Signature: _____

Address: _____

City: _____ **State:** _____

**FOR AGENT
USE ONLY**



MEDICAL RECORDS RETRIEVAL AGREEMENT

This Medical Records Retrieval Agreement (the "Agreement") is entered into and effective as of _____, 20__ by the undersigned agent ("Agent") in favor of **WESTLAND FINANCIAL SERVICES, INC.** ("Westland Financial Services"), in order to have you as the undersigned Agent acknowledge and agree to Westland Financial Services policies and requirements with regard to assisting Agent to obtain medical records and related documentation on behalf of prospective applicants.

I. Agent Responsibility for Fees. Upon receipt of Agent's written request, Westland Financial Services will assist Agent in obtaining medical records/documentation from physicians, hospitals, etc., of course in compliance with the Health Insurance Portability and Accountability Act ("HIPAA"), as well as in accordance with Westland Financial Services HIPAA Privacy Policy. A copy of the Westland Financial Services HIPAA Privacy Policy is available on our website, or a hard copy will be delivered to you promptly upon receipt of your written request for same.

Agent acknowledges that in certain circumstances that arise in the retrieval process, there are instances when it is beyond Westland Financial Services reasonable ability to control whether or not carriers will reimburse fees incurred in connection with retrieval of the requested records. In addition, there is also a chance that due to an applicant's particular circumstances, approval from an insurance carrier will not occur. By signing this Agreement, Agent agrees that if conditions do not allow for reimbursement or policy placement at an insurance carrier in any circumstance or instance, all charges incurred by Westland Financial Services in retrieval of said records/documentation will be paid by Agent and/or Agent's firm. This amount may include but is not limited to processing fees, research fees, mailing/transfer costs, and per page fees.

II. Compliance with HIPAA and Westland Financial Services Policy Regarding Same. The undersigned also acknowledges and agrees that, due to HIPAA compliance regulations, copies of any medical records that are secured by Westland Financial Services are the property of and cannot be made available to third parties (including the agent or applicant), regardless of the outcome of the application process.

By signing below Agent acknowledges and agrees that Agent is aware of Westland Financial Services policy and agrees to promptly comply with payment (or reimbursement obligations) of any fees (again, including without limitation, processing fees, research fees, mailing and transfer costs and any per page copy costs) that Westland Financial Services incurs in connection with attempting to obtain, as requested by Agent, any medical records and/or related documentation that are sought on Agent or Agent's client's behalf in an attempt to place insurance coverage.

IN WITNESS WHEREOF, Agent has executed this Agreement as of the date first set forth above.

Agent Signature: _____

Agent's Name (Typed or Printed): _____

Title: _____

Date: _____