

* * * Communication Result Report (Nov. 15. 2024 5:26PM) * * *

1) AUM Warhawk Health Svcs.
2)

Date/Time: Nov. 15. 2024 5:02PM

File No. Mode	Destination	Pg(s)	Result	Page Not Sent
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P.O Box 244023
 Montgomery, AL 36124
 Phone: 334-244-3281
 Fax: 344-244-3396



AUBURN UNIVERSITY
 AT MONTGOMERY

WARHAWK HEALTH SERVICES

Attn: Sitti Raiza
 To: Standard Insurance Company From: Dorena
 Fax: 626-228-2476 Pages: 28
 Phone: _____ Date: 11/15/2024
 Re: Medical Records - RPID: 13415751

☐ Urgent ☒ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Comments:

Important: This facsimile transmission contains confidential information, some or all of which may be protected health information as defined by the federal Health Insurance Portability Act (HIPPA) Privacy Rule. This transmission is intended for the exclusive use of the individual or entity to whom it is addressed and may contain information that is proprietary, privileged, confidential and/or exempt from disclosure under applicable law. If you are not the intended recipient (or an employee or agent responsible for delivering this facsimile transmission to the intended recipient), you are hereby notified that any disclosure, dissemination, distribution or copying of this information is strictly prohibited and may be subject to legal restriction or sanction. Please notify the sender by telephone (number listed above) to arrange the return or destruction of the information and all copies.



Standard Insurance Company
PO Box 1390, St. Peters MO 63376



AUBURN UNIVERSITY- MONTGOMERY HEALTH
7461 East Dr
ATTN: MEDICAL RECORDS
Montgomery, AL 36117

Date: Nov 11, 2024
Patient: RECK, MELISSA J
DOB: 02/04/1973
RP ID: 13415751

Request For Medical Information

Your patient has submitted an application for life insurance. In order to determine eligibility for insurance benefits, copies of your patient's medical information are required.

Unless otherwise listed below, we are requesting the last 3 years of medical records from all treating physicians, up to and including the last date of treatment, including progress notes, labs, EKG's, and consultations, whether in paper or electronic form.

Special Requests: Please provide all records within the time frame requested of 11/11/2021 to present to include and not limited to records seen by Auburn University- Montgomery Health Svcs

Scope: From November 11, 2021 to Present

HOSPITALS ONLY: Only abstract records are required, including admission, history/physical, operation reports, discharge summaries, etc.

FEE LIMITS: Any fees above \$30.00 for records must be approved by the carrier, and will potentially delay awarding of insurance benefits.

CONTACT US: To avoid additional calls, faxes, or emails, send status updates or fee requests by:

- EMAIL to: providers@releasepoint.com with the RP ID above in the subject or
- FAX to: (626) 228-2476
- Prepayment of \$_____ required. Do you accept Visa? (Circle) YES NO

SEND RECORDS: Check one to indicate method records delivery:

___ EMAIL records to us: charts@releasepoint.com with RP# in subject line
___ FAX records to us: (626) 228-2476
___ MAIL records to us at: The Standard c/o RP
c/o Underwriting Benefits Review
PO Box 1390
St. Peters, MO 63376

___ Records are not available because: _____ Last date of service: _____

Thank you for your cooperation,
Sitti Raiza Tulawie
Phone: (213) 266-5039

Upload Records At <https://portal.releasepoint.com>
Access Key: AUB250



RPID: 13415751

Member Name XXXXXX XXXX XXXX RECK, MELISSA J 02/04/1973	Social Security Number XXX-XX-XXXX
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AUTHORIZATION FOR USE AND RELEASE OF INFORMATION

I AUTHORIZE THESE PERSONS having any records or knowledge of me or my health:

- Any physician, medical practitioner, health care provider, hospital, clinic, laboratory, pharmacy, pharmacy benefit manager, health plan, or other medical or medically related facility; any insurance or reinsurance company, or insurance support organization; any consumer reporting agency; any third party performing a service for us related to my application(s); any organization holding information about my health; Department of Motor Vehicles (DMV); and MIB, LLC (MIB).

TO GIVE THIS INFORMATION:

- My entire medical record and any other protected health information, including charts, notes, operative reports, lab and medication and prescription records, my medical history, consultations, treatments, benefits and health risk score or health analysis. This includes information on any disorder of the immune system, including Acquired Immune Deficiency Syndrome (AIDS) or other related syndromes or complexes, and any communicable or sexually transmitted disease or disorder. This also includes information on the diagnosis and treatment of mental illness and the use of alcohol, drugs, and tobacco, but excludes psychotherapy notes.
- Non-medical information about me, including but not limited to: Motor vehicle reports; criminal activity; credit score or credit history information; information collected by a wearable device; risk evaluations or risk scoring performed by others.

TO STANDARD INSURANCE COMPANY, ITS REINSURERS, AND TO REPRESENTATIVES PERFORMING SERVICES ON THEIR BEHALF ("THE STANDARD")

- By my signature below, I acknowledge that any agreements I have made to restrict my protected health information do not apply to this authorization and I instruct any of the above to release and disclose my entire medical records without restriction.
- I understand that The Standard will use information to determine my eligibility for group insurance coverage and for internal research and business analysis. I understand The Standard may release information about me to others necessary to identify me and provide requested information about me. I understand The Standard may release information it has about me to its reinsurers and to others performing business or legal services for The Standard in connection with my application. I understand The Standard may release information it has about me to MIB for the purpose of reporting to the MIB information exchange and for MIB to audit The Standard's reporting. I understand The Standard may release information it has about me to other insurance companies to which I have applied for insurance coverage.
- I understand that information disclosed to The Standard pursuant to authorization may be subject to redisclosure with my authorization or as otherwise permitted by law. Life and disability insurance coverages are not subject to the Privacy Rule under the Health Insurance Portability and Accountability Act (HIPAA), and therefore release of information to The Standard is not protected under the Act.
- I understand that I am entitled to receive a copy of this authorization. This authorization will remain valid 12 months from the date of the signature below. A photocopy or facsimile of this authorization shall be as valid as the original.
- I understand that I have the right to refuse to sign this authorization. I further understand that I have a right to revoke this authorization at any time by sending a written statement to Standard Insurance Company, except to the extent it has been relied upon to disclose requested records. I understand that the revocation of the authorization, or the failure to sign the authorization, may impair The Standard's ability to evaluate or process my application and may be a basis for denying my application for insurance coverage.
- I acknowledge that I have read this Authorization to Use and Release Information and the Fraud Notice below and agree to this authorization. Further, that I have made a copy of this Medical History Statement, including this Authorization for Use and Release of Information.

Member Electronic Signature

- ☒ I Melissa Jane Reck, acknowledge that I am signing this document electronically. I understand that this electronic signature shall be enforceable under applicable state and federal law and is equivalent to a manual signature.

Date

10/31/2024
11:05 AM



TheStandard®
Positively different.

July 17, 2024

Letter of Representation

To Whom It May Concern:

Please be advised that ReleasePoint has been designated as an authorized representative of Standard Insurance Company and Standard Life Insurance of New York (The Standard) in the matter of securing medical records for the purposes of insurance applications and/or claims investigation. The Standard, as well as ReleasePoint, are aware of the privacy and confidentiality issues surrounding personal health information as outlined in the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and other applicable laws and regulations. The records being sought are for the sole use of The Standard as authorized by the insured/claimant or his/her legal representative. This letter of representation is to remain in effect until further notice.

If you have filed a claim with The Standard and have questions about why medical records were requested, please direct your questions to your claim analyst or examiner. The sole purpose of this letter is to assure you that ReleasePoint is a legitimate vendor representing The Standard. I don't have information about your individual case.

Sincerely,

Shannan Bridge
Senior Disability Technical Specialist
The Standard
Standard Insurance Company

Medical providers: Please forward medical records to ReleasePoint, Inc. at the address indicated on the attached request form. If you have any questions about this request, please call ReleasePoint at (800) 999-9589.

Standard Insurance Company
900 SW Fifth Avenue
Portland, OR 97204
Tel 800.368.1135

ReleasePoint
PO Box 1390
St. Peters, MO 63376

RPID: 13415751

Save Time and Avoid Follow-up Calls Use our Secure Status and Upload Portal

Using our secure online portal, you can provide us with status information on our request for medical records, and upload records directly to our system.

Here's how it works:

STEP 1: Go to <https://portal.releasepoint.com> to bring up the portal on your browser.

STEP 2: Enter the RPID and Access Key:

Patient Name:	RECK, MELISSA J
RP ID:	13415751
Access Code:	AUB250

STEP 3: Select either "Upload Records" or "Update Status" and follow the instructions on the screen.

STEP 4: Record your confirmation number, and you're done.

Thank you for using the ReleasePoint Provider Portal.

Provider Portal

RPNET PROVIDER PORTAL LOGIN

Enter the 7-digit RP Number and Portal Access Key to Continue:

RP Number:	1234567
Access Key:	CVG102

Powered By  ReleasePoint



RPID: 13415751