

Authorization for Release of Medical Information

DATE: APRIL 07, 2009

POLICY HOLDER: SELF PAY TONGASS TIMBER TRUST

INSURED: DON L. DAILEY

SS#: 536-80-7911

SERVICES FOR: DON L. DAILEY

To all physicians and other health professionals, and all hospital and other health care institutions:

You are authorized to provide TONGASS TIMBER TRUST information concerning health care, prescribing of medication, other supplies provided and any type of medical treatment including mental illness or substance abuse treatment

Information released to Tongass Timber Trust is strictly confidential and used for the purpose of evaluating and administering claims to allow for the appropriate payment of benefits under the plan.

Signature: _____
(Patient or Legal Guardian)

Date: _____