



**PREVENTIVE CARE CAMPAIGN FORM**

**EMPLOYEE SECTION: Employee Authorization to Release Personal Health Information**

Dear Health Care Provider:

My employer, Connecticut Attorneys Title Insurance Company (CATIC), sponsors a voluntary wellness program in which I have chosen to participate. The program focuses on preventive care and provides an incentive for employees who receive a preventive care physical exam deemed appropriate by their physician.

I hereby authorize \_\_\_\_\_ [NAME OF HEALTH CARE PROVIDER] to disclose the personal health information outlined below to my employer.

\_\_\_\_\_  
EMPLOYEE'S SIGNATURE

\_\_\_\_\_  
PRINTED NAME  
OF EMPLOYEE

\_\_\_\_\_  
DATE

**PHYSICIAN SECTION: Physician's Verification of Preventive Care Examination Visit**

This patient visited my office on the date indicated below for a preventive care examination that I deemed appropriate based on patient's age, gender and medical history.

\_\_\_\_\_  
DATE OF EXAM

\_\_\_\_\_  
PHYSICIAN'S SIGNATURE

\_\_\_\_\_  
PRINTED NAME OF PHYSICIAN

NAME OF PRACTICE \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE, ZIP CODE \_\_\_\_\_

***Please return completed form to employee***

For Questions Telephone:

Jesenia Pagan at: 860-257-0606 (ext. 3122)