**Sample Consent Form**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Authorized Licensed Insurance Agent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Affiliated Agency (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , give my permission to \_\_\_\_\_(agent)\_\_\_\_\_ to create, collect, disclose, access, maintain, store, and/or use my personally identifiable information (PII) in order to carry out the roles and responsibilities of a licensed insurance agent.

Specifically, I consent to the use of my PII to:

|  |  |  |
| --- | --- | --- |
| **Check ‘Yes’ or ‘No’ as Applicable** | **Yes** | **No** |
| Search for an existing application within Virginia’s Insurance Marketplace (Marketplace). |  |  |
| Complete or assist with completing an application for eligibility and enrollment in a Marketplace Qualified Health Plan or other government insurance affordability programs, such as Medicaid and CHIP or advance tax credits, to help pay for Marketplace premiums. |  |  |
| Assist with plan selection and enrollment.  |  |  |
| Provide ongoing account maintenance and enrollment assistance, as necessary.  |  |  |
| Respond to inquiries from the Marketplace regarding my application.  |  |  |

I understand that \_\_\_\_\_\_(agent)\_\_\_\_\_\_ might need to create, collect, disclose, access, maintain, store, and/or use my PII in order to provide this assistance.

**Exceptions or Limitations to Consent:**

I understand that I can revoke, limit, or otherwise change the consent I provide through this form at any time. If I don’t make any limitations, exceptions, or changes to my consents now, I can still do so at any time in the future by notifying \_\_\_(agent)\_\_\_.

I understand that my consent remains in effect until I revoke it, and I may revoke or modify my consent at any time by using the ‘Changes to Consent’ section of this form, or by phone, email, or U.S Postal Service (USPS).

**I understand that:**

1. I don’t have to provide \_\_\_\_\_(agent)\_\_\_\_ with any information that I do not want to provide. However, the help provided is based only on the information I provide, and if the information given is inaccurate or incomplete, it may impact the help that is available for my situation.
2. Before collecting any PII, \_\_\_\_(agent)\_\_\_\_\_ must provide me with a Privacy Notice statement that describes:
	1. The legal authority to collect the information;
	2. A description of the information to be collected;
	3. The purpose for which the information is being collected;
	4. The intended use(s) and disclosure(s) of the information;
	5. To whom the information may be disclosed, and for what purposes, and how a record of any disclosures may be requested from \_\_\_\_(agent)\_\_\_\_;
	6. How the information will be kept secure;
	7. Whether the request to collect the information is voluntary or mandatory under the applicable law;
	8. Information on how to file complaints with the Marketplace regarding Agent’s actions related to the information.
3. \_\_\_\_(agent)\_\_\_\_\_ will only ask me to provide the minimum amount of my PII that is necessary to help me.
4. \_\_\_\_(agent/agency)\_\_\_\_ must make sure that my PII is kept private and secure when creating, collecting, disclosing, accessing, maintaining, storing, and/or using my PII. \_\_\_(agent / agency)\_\_\_ must follow the privacy and information security standards that apply to them.
5. If I give my contact information when signing this form, my general consent includes permission for \_\_\_(agent)\_\_\_\_ to follow up with me as needed.
6. Once I have signed this consent form, I can expect \_\_\_\_(agent)\_\_\_\_ to help me as I have specified without asking me to sign another consent form.
7. I understand that to maintain account support and to manage workflow, \_\_\_\_(agency)\_\_\_\_ may temporarily assign my account to another agent within this agency.

Name of the Primary Writing Agent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agent National Producer Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency National Producer Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Changes to Consent:**

I make the following exceptions, limitations, or changes to the consent I had previously given:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Consent Changes:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_