

**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:
  - a) The legal authority to collect the information;
  - b) A description of the information to be collected;
  - c) The purpose for which the information is being collected;
  - d) The intended use(s) and disclosure(s) of the information;
  - e) To whom the information may be disclosed, and for what purposes, and how a record of any disclosures may be requested from \_\_\_\_\_ (agent) \_\_\_\_\_;
  - f) How the information will be kept secure;
  - g) Whether the request to collect the information is voluntary or mandatory under the applicable law;

h) 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:

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