

Attachment C



**Healthy Indiana Plan Study
Release of Information**

I, _____ (please print) give permission to Brightpoint to release my contact and health insurance status information to _____ . I understand that my information will be used for the purpose of coordinating an interview regarding my enrollment in the Healthy Indiana Plan (HIP 2.0).

Address: _____

City/Zip: _____

Phone Number: _____

Email Address: _____

Health Insurance Status: _____

Client Signature: _____