



FIDELIS CARE

NEW YORK

Need Health Insurance?



Question: Would you be interested in having a representative contact you regarding low-cost/no-cost health insurance?

Please fill out the form below and fax to Fidelis Care at **(845) 483-1296**,
Mail to **FIDELIS CARE**, 25 Market St Poughkeepsie, NY 12601
Or call **(845) 483-1295 Ext. 0**.

Fidelis Cares about health coverage for all New Yorkers.

Permission to Contact Form

Date: _____ Family Size: _____

Name (please print): _____

Street: _____ City: _____

State: _____ Zip: _____ County: _____

Home Phone #:(____)_____ Work Phone #:(____)_____

Best Time to Reach You: _____

Referral Source: **Columbia Memorial Hospital**

By completing this form, I hereby give permission and authorization to disseminate this information, as my agent, for the purposes of obtaining health insurance. My consent is indicated by my signature above. Obtaining "consent" (written permission from individuals to use and disclose their protected health information for treatment, payment, and health care operations) is optional under the Privacy Rule of HIPPA for all covered entities. The content of a consent form, and the process for obtaining consent, are at the discretion of the covered entity electing to seek consent.