

HIPAA & CONSUMER CONSENT AUTHORIZATION

Your Legal Name

First

Middle

Last

Date of Birth

Last 4 Digits of SSN

Email

Phone

At my request, I give Brackett Consultants Inc. dba Brackett Insurance Consultants

(PolicyHunters.com) permission to discuss (verbal, email or text) all details related to health, dental, life or Medicare insurance (and tax subsidies if applicable) for myself and any immediate family members and dependent children that would/could be included on the same policy. The person(s) listed below also has my permission to complete an application, choose a plan and make initial payment. I understand that I am personally responsible for all decisions made by the person(s) listed.

I have read and understood the CONSUMER CONSENT POLICY available at <https://www.policyhunters.com/consumer-consent-policy> and am extending that same to the person(s) listed below on my behalf. I do understand that this consent will remain active unless revoked via email to info@PolicyHunters.com.

Extending permissions to:

Person 1

Legal Name

First

Middle

Last

Relationship

Phone

Email

Person 2

Legal Name

First

Middle

Last

Relationship

Phone

Email

I give permission to Brackett Consultants Inc. dba Brackett Insurance Consultants and agent Judy Born Brackett (aka PolicyHunters.com) to serve as the health insurance agent or broker for myself and my entire household if applicable, for purposes of enrollment in a Qualified Health Plan offered on Georgia State-based Exchange (Georgia Access).

☐ AGREE ☐ DISAGREE

I understand that the Agent(s) will be using the platform GEORGIA ACCESS and/or HEALTHSHERPA to complete the application process and my information.

☐ AGREE ☐ DISAGREE

By consenting to this agreement, I authorize the above-mentioned Agent(s) to view and use the confidential information provided by me in writing, electronically, or by telephone only for the purposes of one or more of the following: Completing an application for eligibility and enrollment in a Georgia Qualified Health Plan or other government insurance affordability programs, such as Medicaid and CHIP or advance tax credits to help pay for premiums. Providing ongoing account maintenance and enrollment assistance, as necessary. Responding to inquiries from Georgia Access application

☐ AGREE ☐ DISAGREE

I understand that the agent may submit my completed application for review by Georgia Access, and I authorize them to do so on my behalf. I also understand that I am personally responsible for reviewing all information listed on that application whether updated by the agent or myself.

☐ AGREE ☐ DISAGREE

I understand that I must gain and maintain access to the www.GeorgiaAccess.gov website so that I can review and/or update on all matters related by my policy and tax subsidies (if applicable).

☐ AGREE ☐ DISAGREE

I understand that it is my responsibility to review all correspondence by Georgia Access or Judy Brackett via email, text or postal mail as it may affect my coverage and premiums.

☐ AGREE ☐ DISAGREE

I agree that I have access to, been informed and agree with all the disclaimers included in my exchange application. Any questions regarding these disclaimers can be directed to Judy Brackett or Georgia Access.

☐ AGREE ☐ DISAGREE

I understand the plan(s) I am being enrolled in and agree that I wish to be enrolled in that plan. It is my responsibility to review the plan details and inquire with any questions regarding the coverage in a timely manner as deadlines may affect my coverage.

☐ AGREE ☐ DISAGREE

I understand that I may cancel the delegation of my agent (Judy Brackett) at any time either within the Georgia Access portal or by calling the Georgia Access contact center at 1-888-687-1503. I understand that my consent remains in effect until I revoke it, and I may revoke or modify my consent at any time by email to Info@PolicyHunters.com.

☒ AGREE ☐ DISAGREE

I give the agent or any member of their agency permission to assist me in maintaining my information and changing my plans in the future without requiring consent. I understand that I can revoke this consent at any time.

☒ AGREE ☐ DISAGREE

I understand that the Agent(s) will not use or share my personal identifiable information (PII) for any purposes other than those listed above. The Agent(s) will ensure that my PII is kept private and safe when collecting, storing, and using my PII for the stated purposes above.

☒ AGREE ☐ DISAGREE

I confirm that the information I provide for entry on my Georgia Access eligibility and enrollment application will be true to the best of my knowledge and that it is my responsibility to review the application for accuracy.

☒ AGREE ☐ DISAGREE

I understand that I do not have to share additional personal information about myself or my health with my Agent beyond what is required on the application for eligibility and enrollment purposes.

☒ AGREE ☐ DISAGREE

I also agree to accept both TEXT MESSAGES and EMAILS regarding reminders and notification. This also can be revoked at any time.

☒ AGREE ☐ DISAGREE

Today's Date

10/21/2025

Signature