



**THRIVENT®**

Thrivent Financial for Lutherans  
4321 N. Ballard Road, Appleton, WI 54919-0001  
Thrivent.com • 800-847-4836

## Release of Information for Communication Portal

### 1. General Information

Name \_\_\_\_\_ Member ID \_\_\_\_\_

Thrivent recommends each customer provide a unique email address for conducting business. We have a communication portal on Thrivent.com that is used for secure messaging. Any messages sent are grouped by the email address on file for a customer. This release form is for those customers that share an email address with another customer to authorize and acknowledge that any information that is sent through secure messaging can be seen by those who share the same email address when they login to Thrivent.com and access the communication portal.

Please keep a copy of this signed document for your records.

### 2. Authorization Language

I authorize the release of information about me, which may include contact information, sensitive information, information about my products and services, and personally identifiable financial and health information, in the communication portal with those that share an email address with me. Health information can include but not limited to services for preventive, diagnostic and therapeutic care, tests, counseling and medical prescriptions; and non-health information about me including but not limited to financial, insurance, credit, occupational, avocational and driving history. I understand that Thrivent may send, and subsequently share, via the communication portal, any of the above information while providing me communication regarding a requested product or service.

By my signature below, I acknowledge that any prior agreement I have made to restrict or limit the disclosure of information about my health does not apply to this authorization. In addition, I realize that any information shared pursuant to this authorization may be subject to redisclosure by the recipient and no longer protected by the terms of this authorization.

This authorization will remain valid until such time that I terminate my business relationship with Thrivent.

A copy, image or facsimile of this authorization is as valid as the original. I have the right to revoke this authorization in writing or by calling customer service at 1-800-847-4836.

I understand that Thrivent will not condition treatment, enrollment in the health plan, or eligibility for benefits on my willingness to sign this authorization.

### 3. Agreements and Signatures

By signing this form and submitting it to Thrivent, I certify I have reviewed and agree to the release of my information in the Communication Portal.

Signature \_\_\_\_\_

Date signed \_\_\_\_\_

**As used in this form, "Thrivent" refers to Thrivent Financial for Lutherans, Thrivent Life Insurance Company, Thrivent Investment Management Inc., and the Thrivent Series Fund. Thrivent's Privacy Notice also applies to Thrivent Mutual Funds, Thrivent Financial Investor Services Inc., Thrivent Insurance Agency Inc. and the Thrivent Asset Management, LLC**