

Sample Consent Form

Date: _____

Authorized Licensed Insurance Agent: Siavash Mohebi

Affiliated Agency (if applicable): MitiGuard Shied LLC

I,

give my permission to Siavash Mohebi 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 Siavash Mohebi 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 Siavash Mohebi.

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 Siavash 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 on the help that is available for my situation.
2. Before collecting any PII, Siavash Mohebi 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 Siavash Mohebi;
 - 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. Siavash Mohebi will only ask me to provide the minimum amount of my PII that is necessary to help me.
 4. Siavash Mohebi must make sure that my PII is kept private and secure when creating, collecting, disclosing, accessing, maintaining, storing, and/or using my PII. Siavash Mohebi 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 Siavash Mohebi to follow up with me as needed.
 6. Once I have signed this consent form, I can expect Siavash Mohebi 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, Siavash Mohebi may temporarily assign my account to another agent within this agency.

Name of the Primary Writing Agent: Siavash Mohebi

Agent National Producer Number: 18913215

Phone Number: (301)256-7317

Email Address: info@mitiguardshield.com

Name of Agency: MitiGuard Shield LLC

Agency National Producer Number: 21081091

Client Signature: _____ Date: _____

Changes to Consent:

I make the following exceptions, limitations, or changes to the consent I had previously given:

Client Signature: _____ Date of Consent Changes: _____

Privacy Notice

MitiGuard Shield LLC

Privacy Notice & Information Collection Disclosure

Effective Date: January 1, 2025

FACTS: What does MitiGuard Shield LLC do with your personal information?

Federal and Virginia state law give you the right to know how we collect, share, and protect your personal information. This notice explains our privacy practices and how you can limit certain kinds of sharing.

Information We Collect

We collect personal information such as Social Security number, date of birth, income, insurance claim history, payment history, medical information, and other data provided on applications or during transactions.

How We Collect Information

We collect information from you directly through applications, quotes, policy servicing, claims, and other insurance-related transactions. We may also collect information from insurance carriers, consumer reporting agencies, affiliates, and third parties necessary to process your requests.

How We Share Information

We may share your information with:

- Insurance companies to provide quotes and service policies
- Federal or State agencies as required by law
- Subcontractors and service providers who help us deliver services
- Affiliates and nonaffiliated partners for everyday business purposes (such as processing applications, claims, and account maintenance).

We do not sell your personal information. We do not share it with nonaffiliates for marketing purposes without your consent.

Your Rights and Opt-Out

You may opt out of certain sharing with affiliates or nonaffiliates where permitted by law. If you wish to limit sharing, please contact us at info@mitiguardshield.com or 301-256-7317.

How We Protect Your Information

We use physical, electronic, and procedural safeguards to protect your personal information, including secure computer systems, restricted access, and staff training.

Notice of Information Collection and Disclosure Practices (§38.2-604, VA Code)

In connection with your application for insurance, we collect personal information from you and from third parties such as insurers, consumer reporting agencies, and government records. This information may be disclosed to insurance companies, reinsurers, regulatory agencies, and others as permitted by law. You have the right to access and correct recorded personal information we maintain about you, subject to legal exceptions.

Contact Us

MitiGuard Shield LLC

200 Long Trail Ln, Rockville, MD 20850

Phone: 301-684-8498

Email: info@mitiguardsh