



Taylor Financial Group's Monthly Planning Letter

Emergency Preparedness Month



July is Emergency Preparedness Month at Taylor Financial Group

Welcome Summer! We hope that you all enjoyed a wonderful 4th of July and are enjoying your summer!

Would you know what to do in the event of an emergency? Who would you turn to in the event of a natural disaster or the incapacity of a loved one? As we advance into these summer months, and you hopefully have some down time, what better time to get organized?

We hope that all of you find this Monthly Planning Letter informative and helpful. Please feel free to forward it to friends and family. Should you have any questions, please do not hesitate to contact our office.

Debbie

Monthly Planning

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Investment Advice offered through CWM, LLC, a registered investment advisor.

Taylor Financial Group and CWM, LLC are separate entities from Cetera Advisor Networks

The opinions voiced in this material are for general information only and are not intended to provide specific advice or recommendations for any individual.
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If your loved one was in the hospital, would their doctors speak with you?

The Health Insurance Portability and Accountability Act (HIPAA) sets strict privacy rules, which can make it difficult to get medical information about elderly parents, special-needs children, or any child over 18 years of age. Family members need to sign a HIPAA form titled "Authorization for Use and Disclosure of Protected Health Information" in order to speak with doctor's offices, hospitals, and even some colleges.

This is particularly important for our friends with college-aged children. Should something happen to your child while away at school, without authorization it may be difficult to obtain information from doctors, and even the school.

Don't be caught off guard. You should have a signed authorization form on file with your primary care doctor, or even have a blanket form signed in case of an emergency.

We attach a standard HIPAA release form to the end of this newsletter. You should have a signed form on file for your elderly parents, children over the age of 18, and any other adults for whom you may need to speak with a medical practitioner.

If your loved one were ill, would you know their wishes?

An advance health care directive, also known as living will, personal directive, advance directive, or advance decision, is a legal document in which a person specifies what actions should be taken for their health if they are no longer able to make decisions for themselves because of illness or incapacity.

Decisions such as these are difficult to make. In the event that you become ill, your loved ones will be experiencing a difficult time. Rather than add to the burden, everyone should prepare a living will or advance health care directive outlining their wishes in the event of incapacity.



With storms like Floyd, Irene, and Sandy having hit our area, are you ready in the event of a super storm or natural disaster?

A disaster supplies kit is simply a collection of basic items your household may need in the event of an emergency. Every family should have an emergency kit prepared in the event of an emergency. Kits should have enough resources to be sufficient for 72 hours. Your kit should include food, water, cash (in a power outage ATM service may be unavailable), and any important financial records you may need (including banking and insurance information).

Try to assemble your kit well in advance of an emergency. You may have to evacuate at a moment's notice and take essentials with you. You will probably not have time to search for the supplies you need or shop for them. You can visit the American Red Cross's website for additional information at: <http://www.redcross.org/prepare/disaster-safety-library>

Get Organized!

In a time of crisis, it is hard to think calmly and clearly about the best course of action. That is why we strongly urge you to do the preparation now, when you have the time to think.

There are two types of emergencies: the personal and the financial.

Advanced preparation for personal emergencies means knowing the names and phone numbers of people to contact, medications and dosages, allergies, healthcare providers, medical insurance coverage, daycare providers, children's teachers, veterinarian, etc.

Financial emergency preparation includes knowing account information like bank accounts, investment accounts, mortgages, loans and credit cards; and also the right people to call for the situation at hand — financial advisor, insurance agent, lawyer, CPA, etc.

In an emergency, you might need to know some of this information. But in an emergency, you might not have time to think, or time to waste. Like most things, organizing and being prepared are among the most important things you can do. John Hancock Investments has prepared a comprehensive organizer (on the following pages) that you can use to ensure all of the information you may need, in the event of an emergency, is readily available. This list includes emergency contact information such as doctors, emergency services, your attorney, and your financial professional. We encourage you to set aside 30 minutes to complete this brief information overview today and save yourself a few headaches down the road. Make sure you keep it up to date and in an easily accessible place where you always have it at hand. If you would like to provide it to our office, we would be happy to store it in your file and the client "Vault" in our WealthMatch system. The "Vault" is a secure electronic storage facility designed for your files and can be accessed remotely by you, and any third parties to whom you authorize access.

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HIPAA Privacy Authorization Form

**Authorization for Use or Disclosure of Protected Health Information

(Required by the Health Insurance Portability and Accountability Act, 45 C.F.R. Parts 160 and 164)**

1. Authorization

I authorize _____ (healthcare provider) to use and disclose the protected health information described below to _____ (individual seeking the information).

2. Effective Period

This authorization for release of information covers the period of healthcare from:

a. _____ to _____.

****OR****

b. all past, present, and future periods.

3. Extent of Authorization

a. I authorize the release of my complete health record (including records relating to mental healthcare, communicable diseases, HIV or AIDS, and treatment of alcohol or drug abuse).

****OR****

b. I authorize the release of my complete health record with the exception of the following information:

Mental health records

Communicable diseases (including HIV and AIDS)

Alcohol/drug abuse treatment

Other (please specify): _____

The sample HIPAA form is provided as a courtesy and all individuals should consult the appropriate professional prior to use.

4. This medical information may be used by the person I authorize to receive this information for medical treatment or consultation, billing or claims payment, or other purposes as I may direct.

5. This authorization shall be in force and effect until _____ (date or event), at which time this authorization expires.

6. I understand that I have the right to revoke this authorization, in writing, at any time. I understand that a revocation is not effective to the extent that any person or entity has already acted in reliance on my authorization or if my authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim.

7. I understand that my treatment, payment, enrollment, or eligibility for benefits will not be conditioned on whether I sign this authorization.

8. I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law.

Signature of patient or personal representative

Printed name of patient or personal representative and his or her relationship to patient

Date

Be prepared for emergencies



You're never ready for a crisis,
but you can be prepared

Are you and your family prepared in the event of an unforeseen situation?

When you're in a crisis, it's hard to think calmly and clearly about the best course of action. That's why John Hancock Investments strongly urges you to do the preparation now, when you presumably have time to think.

There are two types of emergencies: personal and financial

Advance preparation for personal emergencies means knowing the names and phone numbers of people to contact, medications and dosages, allergies, medical insurance coverage, daycare providers, children's teachers, veterinarian, etc. Financial emergency preparation includes knowing account information like bank accounts, investment accounts, mortgages, loans and credit cards; and also the right people to call for the situation at hand — financial advisor, insurance agent, lawyer, CPA, etc.

Make life simpler for yourself

In an emergency you might need to know some of this information — but in an emergency, you might not have time to think or time to waste. Set aside 30 minutes to complete this brief information overview today and save yourself a few headaches down the road. Make sure you keep it up to date and in an easily accessible place where you always have it at hand.

Personal EMERGENCY CHECKLIST

DATE COMPLETED: _____

SELF

Full legal name _____

Email _____ Cell phone _____

Address _____

Social Security # _____ Birth date _____

Driver's license # _____ Passport # _____

Primary care physician name & phone _____

Health insurance plan name & ID # _____

Blood type _____ Allergies _____

Medications & dosage _____

Dentist name & phone _____

Employer & address _____ Work phone _____

HR contact name, phone, email _____

Supervisor name, phone, email _____

SPOUSE

Full legal name _____

Email _____ Cell phone _____

Address _____

Social Security # _____ Birth date _____

Driver's license # _____ Passport # _____

Primary care physician name & phone _____

Health insurance plan name & ID # _____

Blood type _____ Allergies _____

Medications & dosage _____

Dentist name & phone _____

Employer & address _____ Work phone _____

HR contact name, phone, email _____

Supervisor name, phone, email _____

EMERGENCY CONTACTS

Name _____ Email _____

Home phone _____ Cell phone _____

Name _____ Email _____

Home phone _____ Cell phone _____

Name _____ Email _____

Home phone _____ Cell phone _____

Personal EMERGENCY CHECKLIST

CHILDREN

Name _____ Social Security # _____ Passport # _____
School name _____ School phone _____ Teacher/Grade _____
Health insurance plan name & ID # _____
Medications & dosage _____ Blood type _____
Allergies _____

Name _____ Social Security # _____ Passport # _____
School name _____ School phone _____ Teacher/Grade _____
Health insurance plan name & ID # _____
Medications & dosage _____ Blood type _____
Allergies _____

Name _____ Social Security # _____ Passport # _____
School name _____ School phone _____ Teacher/Grade _____
Health insurance plan name & ID # _____
Medications & dosage _____ Blood type _____
Allergies _____

Name _____ Social Security # _____ Passport # _____
School name _____ School phone _____ Teacher/Grade _____
Health insurance plan name & ID # _____
Medications & dosage _____ Blood type _____
Allergies _____

Pediatrician name & phone _____
Address _____

Dentist name & phone _____
Address _____

Specialist name & phone _____
Address _____

Daycare provider name & phone _____
Address _____

PETS

Veterinarian name & phone _____
Pet name _____
Special considerations _____

Pet name _____
Special considerations _____

Financial EMERGENCY CHECKLIST

DATE COMPLETED: _____

INSURANCE

Protection

Insurance company name _____ Agent _____

Address _____ Phone _____

Life insurance policy # _____ Disability policy # _____

Long-term care policy # _____ Other _____

Household

Insurance company name _____ Agent _____

Address _____ Phone _____

Homeowner policy # _____ Auto policy # _____

Umbrella policy # _____ Other _____

FINANCIAL

Financial professional name _____ Phone _____

Firm name & address _____ Email _____

Account 1 _____ Account 2 _____

Account 3 _____ Account 4 _____

Financial professional name _____ Phone _____

Firm name & address _____ Email _____

Account 1 _____ Account 2 _____

Account 3 _____ Account 4 _____

Financial professional name _____ Phone _____

Firm name & address _____ Email _____

Account 1 _____ Account 2 _____

Account 3 _____ Account 4 _____

Other professionals

Attorney name _____ Phone _____

Firm name & address _____ Email _____

Tax professional name _____ Phone _____

Firm name & address _____ Email _____

Other _____

Financial EMERGENCY CHECKLIST

BANK

Bank name _____	Bank name _____
Branch address _____	Branch address _____
Phone _____	Phone _____
Checking # _____	Checking # _____
Savings # _____	Savings # _____
ATM card # _____	ATM card # _____
Certificates of Deposit _____	Certificates of Deposit _____
Amount: _____ Interest rate: _____ Maturity: _____	Amount: _____ Interest rate: _____ Maturity: _____
Amount: _____ Interest rate: _____ Maturity: _____	Amount: _____ Interest rate: _____ Maturity: _____

LOANS AND CREDIT

Mortgage holder _____	Second mortgage holder _____	Home equity loan holder _____
Address _____	Address _____	Address _____
Phone _____	Phone _____	Phone _____
Account # _____	Account # _____	Account # _____
Interest rate _____	Interest rate _____	Interest rate _____

Car loan _____	Car loan _____	Miscellaneous loan _____
Holder _____	Holder _____	Holder _____
Address _____	Address _____	Address _____
Phone _____	Phone _____	Phone _____
Account # _____	Account # _____	Account # _____
Interest rate _____	Interest rate _____	Interest rate _____

Credit card _____	Credit card _____	Credit card _____
Billing address _____	Billing address _____	Billing address _____
Phone _____	Phone _____	Phone _____
Account # _____	Account # _____	Account # _____
Interest rate _____	Interest rate _____	Interest rate _____

Emergency CONTACT INFORMATION



IN CASE OF EMERGENCY: DIAL 911

EMERGENCY NUMBERS

Local police _____

Local fire department _____

Local hospital _____

Family meeting place _____

HOUSEHOLD EMERGENCY

Plumber _____ Phone _____

Electrician _____ Phone _____

Heating provider _____ Phone _____

Telephone company _____ Phone _____

Electric company _____ Phone _____

Cable company _____ Phone _____

Town Hall _____ Phone _____

AAA/Towing _____ Phone _____

Other _____ Phone _____

Other _____ Phone _____

NEAREST NEIGHBORS

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

GOVERNMENT ORGANIZATIONS

SOCIAL SECURITY ADMINISTRATION

1-800-772-1213
www.ssa.gov

IRS (Internal Revenue Service)

1-800-829-1040
www.irs.gov

FEMA (Federal Emergency Management Association)

1-800-621-FEMA (3362)
www.fema.gov

John Hancock Investments

A trusted brand

John Hancock has helped individuals and institutions build and protect wealth since 1862. Today, we are one of America's strongest and most-recognized brands.

A better way to invest

As a manager of managers, we search the world to find proven portfolio teams with specialized expertise for every fund we offer, then apply vigorous investment oversight to ensure they continue to meet our uncompromising standards.

Results for investors

Our unique approach to asset management has led to a diverse set of investments deeply rooted in investor needs, along with strong risk-adjusted returns across asset classes.

A fund's investment objectives, risks, charges, and expenses should be considered carefully before investing. The prospectus contains this and other important information about the fund. To obtain a prospectus, contact your financial professional, call John Hancock Investments at 800-225-5291, or visit our website at jhinvestments.com. Please read the prospectus carefully before investing or sending money.



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