

**AUTHORIZATION FOR RELEASE  
 OF PROTECTED HEALTH INFORMATION**

Participant Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_  
 The Plan: \_\_\_\_\_

This Authorization is provided in accordance with the Standards for Privacy of Individually Identifiable Health Information (the "Privacy Standards") issued under the Health Insurance Portability and Accountability Act of 1996, as amended ("HIPAA").

I, \_\_\_\_\_, am a participant in the above referenced Plan, and hereby authorize the use or disclosure of my Protected Health Information as described in this Authorization.

1. Specific person(s)/organization authorized to provide the Information.

Insurance Management Services

2. Specific person(s)/organization authorized to receive and use the Information.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. Specific description of the Information to be used and/or disclosed.

Any and all Protected Health Information;

OR

(please describe): \_\_\_\_\_  
 \_\_\_\_\_

I, \_\_\_\_\_, hereby understand the following:

4. Right to revoke: I understand that I have the right to revoke this Authorization at any time by notifying the appropriate entity, in writing. I understand that the revocation is only effective after it is received. I understand that I cannot revoke this authorization to the extent that action has been taken in reliance of this authorization (for example, any use or disclosure made prior to the revocation under this Authorization will not be affected by the revocation).
5. I understand that after the information that is the subject of this Authorization is used or disclosed, the Privacy Standards may not protect it and the recipient may re-disclose it.
6. I understand that this Authorization is not required for disclosures related to treatment, payment and/or health care operations, or if the use or disclosure is otherwise permitted by the Privacy Standards, and that any revocation of this Authorization will have no effect on such uses or disclosures.
7. I understand that I am entitled to receive a copy of this Authorization.
8. I understand that this Authorization will automatically renew at the beginning of each calendar year unless otherwise revoked pursuant to the provisions outlined in paragraph 4 above.

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Individual