



# HIPAA Authorization to Disclose Protected Health Information

01/12/2007

## Section 1

Company Name \_\_\_\_\_

This authorization to release health information is for \_\_\_\_\_  
 participant  spouse  dependent child (Please check one)

Member ID# \_\_\_\_\_ Day Phone #: \_\_\_\_\_

**If this authorization is for someone other than the participant, please provide the participant's name and member ID number.**

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

## Section 2

The following health information may be disclosed:

Medical  Dental  Flex  Other: \_\_\_\_\_

## Section 3

The following person(s) or group may receive the health information designated above:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

I hereby authorize the use and/or disclosure of my individual identifiable health information as described above. I understand that this authorization is voluntary. I also understand that if the person or organization authorized to receive the information is not a health plan or health care provider, the released information may be further disclosed and may no longer be protected by the federal privacy regulations.

## Section 4

Signature of Individual Authorizing Release of Information \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

**If signed by an individual's authorized representative, describe the representative's authority:**

- Member is a minor; I am the member's parent or legal guardian
- Member is deceased. I am the member's surviving spouse or the executor/administrator of the member's estate
- I am the Member's agent, as designated in the member's Durable Power of Attorney for Health Care.
- Other (describe) \_\_\_\_\_

This Authorization expires upon termination of enrollment in the health plan unless another date is indicated in this section. If a different date is requested, please specify the (1) date or (2) event that relates to the purpose of this use or disclosure.

### Your Rights:

- You may revoke this Authorization at any time by providing written notice to Sabine-Neches Administrators, LC P.O. Box 7306 Beaumont, Texas 77726-7306. Your revocation will not affect any actions already taken in reliance on this authorization.
- You are entitled to receive a copy of this authorization upon request.
- You may inspect or copy any information to be used or disclosed under this Authorization.