

AUTHORIZATION FOR THE USE OR DISCLOSURE OF HEALTH INFORMATION

INSTRUCTIONS

This Authorization is intended to comply with the Standards for Individually Identifiable Health Information, 45 C.F.R. Parts 160 and 164 (the "Privacy Standards"). However, it is not intended to be used when treatment, payment, enrollment or eligibility for benefits may be conditioned on the provision of the Authorization, nor is it intended to permit uses or disclosures of psychotherapy notes or for marketing purposes where the marketing is expected to result in direct or indirect remuneration to the Plan from a third party.

Information To Be Used Or Disclosed.

Participant Name: Insert the name of the individual who is the subject of the health information to be used or disclosed.

I.D. #: Insert the identifier used by the Plan to identify the participant's record (e.g., the participant's social security number). Note that this field is not required by the Privacy Standards, but is for administrative convenience only.

Description of Information: Describe the information to be used or disclosed in a way that identifies the information in a specific and meaningful fashion. For example, "laboratory results from July 1998", "all laboratory results", "the entire medical record" or "all health information" would be acceptable descriptions depending on the amount of information to be used or disclosed.

Persons or Organizations Authorized to Use or Disclose the Information.

Insert the name of the Plan (e.g., "Medical Expense Benefit Plan") authorized to use or disclose the information.

Persons or Organizations Authorized to Receive the Information.

Insert the name or other specific identification of the person(s), or class of persons, to whom the Plan may disclose the information (e.g., employees in the Human Resources Department of Name of Company). Identify these persons with sufficient specificity to reasonably identify the authorized recipient of the information. Note that this field should be left blank where the authorization contemplates only the use of the information by the Plan.

Purpose of the Requested Use or Disclosure.

Describe each purpose of the requested use or disclosure. The statement "at the request of the individual" is a sufficient description of the purpose when an individual initiates the authorization and does not, or elects not to, provide a statement of the purpose

Expiration and Revocation of This Authorization.

Expiration Date or Event: Insert the expiration date of the Authorization, or describe an expiration event that relates to the patient or the purpose of the use or disclosure. This expiration date or event must either be a specific date (e.g., January 1, 2001), a specific time period (e.g., one date from the date of signature) or an event directly related to the patient or the purpose of the use or disclosure (e.g., for the duration of a research project). Note that the following statements or similar language are sufficient if the authorization is for use or disclosure for a research project: (a) "end of the research study"; and (b) if the authorization is for the purpose of creating or maintaining a research database or information repository, "none".

Address for Notice of Revocation: Insert the address of the Plan where the individual can send written notice of revocation.

Signatures and Copies.

This Authorization must be signed and dated by the patient or the patient's personal representative. A personal representative is a person authorized under applicable law to act on behalf of the patient in making decisions related to health care (e.g., a parent or the holder of a power of attorney). If this Authorization is signed by a personal representative, the representative must indicate his or her authority to act for the participant.

If this Authorization is initiated by the Plan, a copy of this signed Authorization must be provided to the participant.