CONSUMER DRIVE HEALTH PLAN

NATIONAL ASSOCIATION OF LETTER CARRIER



HEALTH BENEFIT PLAN

20547 Waverly Court, Ashburn, Virginia 20149 ● 703-729-4677 or 888-636-NALC (6252) Fredric V. Rolando, President ● Stephanie M. Stewart, Director



Authorization for Release of Information

ection A (to be completed by the NALC Health Benefit Plan)	
atient: lember: lember #	
HI to be released (include dates of visits/treatment):	
urpose of use or disclosure of PHI:	
HI to be released by (name/address): PHI to be released to (name/address):	
ection B (to be completed by the Patient or Patient's representative)	
hereby authorize the use and disclosure of my protected health information (PHI), as described above. Inderstand that information released to a person or organization that is not a health care provider or health to longer be protected by the federal privacy regulations. An asterisk (*) beside the name of a person or organization in Section A above indicates the person or organization is not a health care provider or health	ı plan may
understand this Authorization is in effect as of the date I sign it and will remain in effect throughne year from the date of signature, whichever is earlier. Further, I understand that I may revoke this Authority any time by sending a written request to the attention of the Privacy Officer at the NALC Health Benefit Fact that I revoke this Authorization will not affect actions taken while the Authorization was in effect, before evocation is received.	orization Plan. The
I am signing as the Patient's representative, I certify that I have authority to sign this Authorization. (If the ge 18 or older, he/she must personally sign this Authorization, unless the patient has authorized another put as representative.)	
Patient or Patient's representative Date	
elationship to Member	

The NALC Health Benefit Plan does not sell or release individually identifiable health information for marketing purposes.