CONSUMER DRIVEN HEALTH PLAN NATIONAL ASSOCIATION OF LETTER CARRIERS



HEALTH BENEFIT PLAN

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



Authorization for Release of Information

| Section A (to be completed by the NALC Health Benefit Plan) | |
|---|--|
| Patient: | |
| PHI to be released (include dates of visits/tre | eatment): |
| Purpose of use or disclosure of PHI: | |
| PHI to be released by (name/address): | PHI to be released to (name/address): |
| Section B (to be completed by the Patient of | or Patient's representative) |
| understand that information released to a per no longer be protected by the federal privacy | my protected health information (PHI), as described above. I erson or organization that is not a health care provider or health plan may y regulations. An asterisk (*) beside the name of a person or e person or organization is not a health care provider or health plan. |
| one year from the date of signature, whichevat any time by sending a written request to t | s of the date I sign it and will remain in effect through// or for ver is earlier. Further, I understand that I may revoke this Authorization he attention of the Privacy Officer at the NALC Health Benefit Plan. The ffect actions taken while the Authorization was in effect, before the |
| | e, I certify that I have authority to sign this Authorization. (If the patient is n this Authorization, unless the patient has authorized another person to |
| (signed)Patient or Patient's representation | ve Date |
| Relationship to Member: | |

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