NATIONAL ASSOCIATION OF LETTERS CARRIERS

HEALTH BENEFIT PLAN

20547 Waverly Court, Ashburn, Virginia 20149 ● (703)729-4677 or 1-888-636-NALC (6252)
Fredric V. Rolando, President ● **Brian Hellman,** Director

Authorization for Release of Information

Section A *(to be completed by the NALC Health Benefit Plan)*

Patient: _____
Member: _____
Member # _____

PHI to be released (include dates of visits/treatment):_____
_____
_____

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 or Patient's representative)*

I hereby authorize the use and disclosure of my **protected health information (PHI**), as described above. I understand that information released to a person or organization that is not a health care provider or health plan may no 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 plan.

I understand this Authorization is in effect as of the date I sign it and will remain in effect through ___/___/___ or for one year from the date of signature, whichever is earlier. Further, I understand that I may revoke this Authorization at any time by sending a written request to the attention of the Privacy Officer at the NALC Health Benefit Plan. The fact that I revoke this Authorization will not affect actions taken while the Authorization was in effect, before the Revocation is received.

If I am signing as the Patient's representative, I certify that I have authority to sign this Authorization. (If the patient is age 18 or older, he/she must personally sign this Authorization, unless the patient has authorized another person to act as representative.)

(signed) _____ _____
Patient or Patient's representative *Date*

Relationship to Member: _____

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