## **HIGH OPTION**



NATIONAL ASSOCIATION OF LETTER CARRIERS

## 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**

| Section A (to be completed by the NALC Health Benefit Plan)                                   |  |
|---|--|
| Patient:<br>Member:<br>Member #   | _  |
| PHI to be released (include dates of visits/treatment):  Purpose of use or disclosure of PHI: |  |
|   |  |
| Section B (to be completed by the Patient   |  |
| understand that information released to a longer be protected by the federal privacy          | of my <b>protected health information (PHI</b> ), as described above. I person or organization that is not a health care provider or health plan may no regulations. An asterisk (*) beside the name of a person or organization in rganization is not a health care provider or health plan.                    |
| year from the date of signature, whichever<br>time by sending a written request to the at     | as of the date I sign it and will remain in effect through// or for one is earlier. Further, I understand that I may revoke this Authorization at any tention of the Privacy Officer at the NALC Health Benefit Plan. The fact that I ions taken while the Authorization was in effect, before the Revocation is |
|   | tive, I certify that I have authority to sign this Authorization. (If the patient is gn this Authorization, unless the patient has authorized another person to act  |
| (signed)<br>Patient or Patient's representa   | ntive Date   |
| Relationship to Member:   |  |

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