VALUE 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:	
Member #	
PHI to be released (include dates of visits/treatment):	
Purpose of use or disclosure of PHI:	
PHI to be released by (name/address):	pe released to (name/address):
Castion D (to be completed by the Detient or Detien	Pa representative)
Section B (to be completed by the Patient or Patien	, , , , , , , , , , , , , , , , , , ,
understand that information released to a person or	tected health information (PHI), as described above. I organization that is not a health care provider or health plan may no s. An asterisk (*) beside the name of a person or organization in is not a health care provider or health plan.
year from the date of signature, whichever is earlier. time by sending a written request to the attention of	late I sign it and will remain in effect through// or for one Further, I understand that I may revoke this Authorization at any the Privacy Officer at the NALC Health Benefit Plan. The fact that I while the Authorization was in effect, before the Revocation is
	fy that I have authority to sign this Authorization. (If the patient is thorization, unless the patient has authorized another person to act
(signed) Patient or Patient's representative	
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.