

Participant's Authorization for Release of Information

Use this form to authorize IUOE Local 4 Health & Welfare Fund to send specific information to a specific person for a specific time, when that release is not otherwise allowed by law. Use of this form does not provide the recipient with unlimited access to the participant's information.

The participant named below should be the person signing this authorization and requesting the release of information. If the participant is a minor, a parent or legal guardian must sign. If the participant is unable to sign for any other reason, a legal representative must sign the authorization and submit documentation to document the authority to sign.

Participant Name _____ Participant ID _____ Date of Birth _____

Address _____ Day time phone _____

I authorize IUOE Local 4 Health & Welfare Fund to disclose claims and medical or dental information in its files as follows:

You must circle one answer for each option listed. Circle No if not applicable.

I authorize release.....of these records

Yes No HIV testing and/or AIDS diagnosis or treatment

Yes No Mental Health

Yes No Claims and medical information listed here-please describe in detail

Name of person or entity to receive information: _____

Address _____

This authorization expires _____ (To be completed by participant, but not to exceed one year. If not specified, expiration is one year from the date of signature). It is completed at my own request and is not a condition of enrollment or benefits. I may revoke this authorization at any time by notifying IUOE Local 4 Health & Welfare Fund in writing. I understand that a revocation will not apply to information already released according to these instructions. IUOE local 4 Health & Welfare will not be able to limit the recipient's use or disclosure of the information, and privacy laws may no longer protect the information. I may receive a copy of this authorization and agree that a photocopy is as valid as the original.

Signature _____ Print Name _____ Date _____