

UPS SPONSORED HEALTH PLANS

AUTHORIZATION FOR RELEASE OF INFORMATION

Part 1: Information About the Use or Disclosure

I authorize the use or disclosure of my individually identifiable health information as described below. *I understand that this authorization is voluntary and I have the right to revoke it at any time by submitting a written notification to _____ in the _____ Department.*

1. Participant Name: _____ Identification Number: _____
2. Persons/organizations authorized to disclose the information: _____

3. Persons/organizations authorized to receive the information: _____

4. Specific description of the information to be used or disclosed: _____

5. Specific purpose of the disclosure: _____

6. This authorization will expire _____ (indicate date or event relating to you personally or the purpose of the authorization).

Part 2: IMPORTANT INFORMATION ABOUT YOUR RIGHTS

I have read and understood the following statements about my rights:

- I am not required to sign this form to receive my health care benefits (enrollment, treatment or payment).
- I may revoke this authorization at any time prior to its expiration date by submitting a written notification to _____ in the _____ Department. I am aware that the revocation will not have any effect on information already used or disclosed before receiving my revocation.
- I may see and copy the information described on this form if I ask for it.
- I understand that once my PHI is disclosed to the individuals or entities listed above, it is *no longer* protected by the privacy requirements in HIPAA. These individuals or entities may re-disclose my PHI to any other party. However, I may ask that they not re-disclose the information to any other party without my further authorization.

Part 3: Signature of Participant or Participant's Representative

Signature of Participant or Representative
(Form **MUST** be completed before signing)

Date

Name of Participant's Representative
(Please Print)

Relationship to the Participant
(List authority for status as representative)

YOU MAY REFUSE TO SIGN THIS AUTHORIZATION