

(Pay special attention to the **SHADED** areas.)



AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

754 Minnesota Avenue, Kansas City, KS 66101-2766
Phone: 866-342-6555
Privacy Officer Fax: 913-342-0911

Subrogation___ Worker Compensation___ Appeal___ Own Records___ Other _____

Name of Patient: _____

Name of Participant: _____

Last 4 digits of Social Security Number: __ __ __ __

Last 4 digits of Social Security Number: __ __ __ __

I. Information About the Use or Disclosure: I hereby authorize the use or disclosure of my protected health information ("PHI") as described below.

Purpose: _____

II. Person/organization authorized to provide the information: Boilermakers National Health and Welfare Fund

III. Person/organization authorized to receive the information:

Name and Relationship: _____ Phone: _____

Address: _____

IV. Restrictions: Complete the first OR second item or leave both items blank. If you leave both items blank, you are authorizing the Fund to disclose any or all PHI that it holds.

___ This authorization is limited to only the following information: _____

___ This authorization covers *all* PHI held by the Fund except: _____

V. This authorization expires: _____ (list a date or event for expiration)

VI. Important Information About Your Rights: I have read and understood the following statements about my rights:

- I may revoke this authorization at any time by notifying the Fund Office in writing, but the revocation will not have any effect on any actions that the Fund took before it received the revocation.
- I may see and copy the information described on this form if I ask for it.
- I am not required to sign this form to receive my health care benefits (enrollment, treatment, or payment).
- The information that is used or disclosed pursuant to this authorization may be redisclosed by the receiving person/entity. I have the right to seek assurances from the above-named persons/organizations authorized to receive the information that they will not redisclose the information to any other party without my further authorization.

See the Fund's Privacy Notice for more information about your rights. For a copy contact the Office of Privacy Practices, Boilermakers National Funds, 754 Minnesota Avenue, Kansas City, KS 66101-2766, (866) 342-6555, or go to www.bnf-kc.com.

VII. Signature of Individual or Individual's Representative:

(Signature of Individual or Individual's Representative) _____

(Printed name of the Individual or Representative) _____

Date: _____ Address: _____

Relationship to Individual: _____ Phone Number: _____

If you are signing as personal representative of the individual named above and we do not have an authorization on file permitting us to release the Individual's PHI to you, **you must include** a copy of the Power of Attorney, Conservatorship letters or Guardianship letters that authorize you as Representative to release PHI.