



AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

Section 1

I authorize the use and disclosure of my protected health information as described below.

GROUP HEALTH PLAN NAME: ABC Company Employee Health Plan
GROUP NUMBER: 1234
MEMBER'S NAME: Joseph Smith *Name of the member who's information is the subject of this authorization*
ADDRESS: 123 Main Street, Any Town, NY 14226
(Street, City, State, and Zip Code)
TELEPHONE NO: (area code) (716) 555-1234
EMPLOYEE OR SUBSCRIBER NAME: Jennifer Smith
SUBSCRIBER ID: 123-45-6789 or 123456789123

My protected health information is individually identifiable health information, including demographic information, collected from me or created or received by a health care provider, a health plan, my employer, or a health care clearinghouse and relates to: (i) my past, present, or future physical or mental health or condition; (ii) the provision of health care to me; or (iii) the past, present, or future payment for the provision of health care to me.

Section 2

The following individual or organization is authorized to release my protected health information:

Meritain Health
Name of Individual(s), Provider(s), or Organization(s): *For example, Meritain Health*

Section 3

The protected health information that may be used and disclosed is as follows:

All information related to my plan

(Describe in as much detail as possible the protected health information that you wish to be used or disclosed. For example, all information related to my plan.)

Section 4

The following Individual(s), Provider(s), or Organization(s) is authorized to receive my protected health information:

Jennifer Smith - Spouse
Jack Smith - Son
Jonathan Smith - Father

(Please list the specific names if possible, i.e. spouse, children, parents, etc)

Section 5

My protected health information will be used or disclosed for the following purpose(s):

At the request of the individual

(Describe the reason for each use and disclosure of the protected health information). If you do not wish to describe the purpose, you may indicate "at the request of the individual".

