

**INSTRUCTIONS FOR COMPLETION OF AUTHORIZATION FOR RELEASE OF
PROTECTED INDIVIDUALLY IDENTIFIABLE INFORMATION FORM**

SECTION I

- a.) PLAN PARTICIPANT'S NAME**
- b.) PLAN PARTICIPANT'S SOCIAL SECURITY NUMBER**
- c.) NAME OF THE PERSON FOR WHOM THE FORM IS BEING COMPLETED**
- d.) ALREADY COMPLETED**
- e.) NAME OF THE PERSON OR PERSONS AUTHORIZED TO RECEIVE THE
INFORMATION**
- f.) ALREADY COMPLETED**
- g.) THIS AUTHORIZATION WILL EXPIRE ONE YEAR FROM THE DATE SIGNED
UNLESS YOU INDICATE A SHORTER TIME PERIOD**

SECTION II

**TO BE SIGNED AND DATED BY PATIENTS WHO ARE 14 YEARS OF AGE OR
OLDER OR THE PATIENT'S LEGALLY APPOINTED REPRESENTATIVE.**