

AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

Complete one form for *each participant (member, spouse & each dependent child)*, under the Alaska Pipe Trades UA Local 367 Health & Security Plan and return the form to: Alaska Pipe Trades UA Local 367, c/o Zenith American Solutions., PO Box 5434, Spokane WA 99205. If more forms are needed, please copy the form or contact the claims office or Trust office for more forms.

I. Information About the Use or Disclosure of Protected Health Information:

I hereby authorize the use or disclosure of my individually identifiable health information as described below. I understand that this authorization is voluntary and that I may revoke it at any time by submitting my revocation in writing to Zenith American Solutions., PO Box 5434, Spokane WA 99205.

a.) Member's Name: _____

b.) Member's ID/SS #: _____

c.) Patient's Name: _____

d.) Persons /Organizations authorized to provide the information:
Alaska Pipe Trades UA Local 367 Health & Security Trust Fund and Zenith American Solutions

e.) Persons /Organizations authorized to receive the information (for example, spouse or relative):

f.) Description of information to be used or disclosed:
Health care claims (medical, dental, vision or weekly income)

g.) This authorization will automatically expire one year from the date signed unless you designate a shorter time period.

II Important Information About Your Rights

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

- .. I may revoke this authorization at any time prior to its expiration date by notifying the providing organization in writing, but the revocation will not have any effect on any actions the organization 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).

Signature of patient or patient's representative

Date

Please print name

If you have any questions regarding this form, please contact Zenith American Solutions at 855-229-0720.