

## **Authorization for Disclosure of Protected Health Information**

I, \_\_\_\_\_, authorize the disclosure of my Protected Health Information as described herein. I understand that this authorization is voluntary. I understand that, if person(s) or organization(s) that I authorize to receive my Protected Health Information are not subject to federal and state health information privacy laws, subsequent disclosure by such person(s) or organization(s) may not be protected by those laws.

I authorize the following person(s) and or organization(s) to receive my Protected Health Information.

Alexia Montavon, Human Resources/Insurance Benefits

Mark Moore, Executive Director of Human Resources, CUSD 303

Tristen DiTommaso, Consultant/Cottingham & Butler.

Margaret Sentovich, Benefits Service Rep/Cottingham & Butler

Carrie Kennedy, Senior Account Executive/BlueCross BlueShield of Illinois

Kristin Gust, Senior Marketing Service Representative/BlueCross BlueShield of Illinois

Kathy Hammons, Benefits Service Rep/BlueCross Blue Shield

I authorize the disclosure of Protected Health Information relating to the request to have a specific issue resolved, explained, or reprocessed.

I understand that I may revoke this authorization in writing at any time by sending a signed and dated written statement to Alexia Montavon saying that I am revoking my authorization to disclose health records, except to the extent that the person(s) and/or organization(s) named above have taken action in reliance on this authorization.

I further understand that my eligibility for health benefits, my enrollment in a health plan, and my treatment will not be affected by whether or not I sign this authorization. The consequences for my refusal to sign this authorization may be non-eligible for assistance in resolving, explaining or the reprocessing of a specific issue.

I have had the opportunity to read and consider the contents of this authorization. I confirm that the contents are consistent with my direction.

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<b>Signed</b>	<b>Date</b>
Name _____	
Address _____	
Telephone _____	SS# _____

Protected Health Information (PHI) is health information that is created by a health care provider, health plan, or health care clearinghouse, which relates to: (1) the past, present, or future physical or mental health of an individual; (2) the provision of health care to an individual; or (3) the past, present, or future payment for the provision of health care to an individual. To be protected, the information must be such that it identifies the individual or provides a reasonable basis to believe that the information can identify the individual.

These laws apply to health plans, health care providers, and health care clearinghouses.