ALASKA TEAMSTER-EMPLOYER
WELFARE TRUST

AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

Name of Patient Whose Records Are to Be Released: _____

Social Security Number of Patient: _____**Patient's Birth Date:** _____

Telephone and/or email address of Patient: _____

Patient's Address: _____

City: _____ **State:** _____ **Zip:** _____

Patient's Relationship to Teamster: _____

Teamster's Name: _____

Teamster's Social Security Number: _____

AUTHORIZATION TO RELEASE INFORMATION TO ANOTHER PARTY

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) protects the health information of each patient. The Alaska Teamster Welfare Trust (the "Plan") is prohibited from releasing protected health information except in very specific circumstances. You have the right to request that the Plan release your protected health information to another party (such as another family member); however, you must provide such permission in writing. If you authorize the Plan to use or disclose medical information about you to another party for a reason other than treatment, payment or healthcare operations, you may revoke that permission in writing, at any time. In addition, you may use this form to authorize another individual to receive your protected health information from the Alaska Teamster Welfare Trust, upon his or her request. A full description of the Privacy Practices is available by contacting the Alaska Teamster-Employer Welfare Trust office.

This authorization remains in effect until your health coverage terminates under the Alaska Teamster Welfare Trust. Again, you may revoke your authorization regarding the release of your protected health information at any time, but it must be in writing and signed by you.

Any or all of the health information for the patient named above may be released to the following person or persons upon their request:

Name: _____ **Relationship:** _____

Name: _____ **Relationship:** _____

X _____

Signature of Authorizing Patient (or Authorizing Parent or Guardian) **Date**

(Children residing in Alaska under the age of 14 do not need to sign the authorization form. Children residing outside Alaska under the age of 12 do not need to sign the authorization form, unless required by the state law where they reside. Children residing outside Alaska age 12 and over are required to sign the authorization form, unless the parent or guardian who wishes to authorize the release of the child's information provides evidence that state law does not require the child's signature.)

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