Adventist Risk Management Inc
Health Benefits Services
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CONSENT FOR RELEASE OF PROTECTED HEALTH INFORMATION (HIPAA)

I hereby consent to the use or disclosure of my **individually identifiable health information/protected health information** described below ("Health Information"). I understand that this authorization is voluntary and that I may revoke it at any time by submitting my revocation in writing to the entity providing the information.

I. Specific Protected Health Information to be Released. I consent to the disclosure of specific Protected Health Information as noted below:

☐ **Unrestricted.** *Unrestricted would indicate no restriction and could include both medical and financial information, i.e., benefit codes, diagnosis codes, procedure codes, etc; payment status of claim, to whom payment was sent; date and amount of payment, etc.*

☐ **Specific Date(s) of Service.** _____*Specific Date(s) of Service would limit information to be released to a specific treatment timeframe, i.e., dates of service from January through June of 2002.*

☐ **Specific Treatment(s).** _____*Specific Treatment(s) would limit information for a specific episode of care, i.e., pregnancy during 2002; or related to knee surgery in January 2003.*

☐ **Other.** *(please specify)* _____

II. Persons/Organizations to Receive the Health Information. I consent to the disclosure and use of the Health Information described above to the following person(s) or organization(s) as noted below:

☐ **Spouse** *(Name)* _____

☐ **Parent(s)** *(Name)* _____

☐ **Employer Benefits Coordinator** *(Name)* _____

☐ **Other** (*please indicate relationship and name*) _____

By signing below, I authorize Adventist Risk Management to release my protected health information as indicated above. This consent will remain in effect until I revoke it in writing.

Signature: _____ Date: _____

Printed Name: _____ Member ID Number: _____
See medical ID card (9 digit number)

Address: _____

_____

For Your Information and Clarification:

Dependents over age 18 must give consent for release of information; they may indicate "Unrestricted" and name one or both parents as well as Employer Benefits Coordinator. But the fact that they are over 18 (this is "legal age" which may vary from state to state), does require us to "protect" their health information and does require a consent for release of information.

Information regarding dependents under 18 can only be released to either parent or legal guardian (unless there is a court order restriction), but requires parental consent for release other than as allowed by law.

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