



Member Services Department 1145 Westmoreland Drive El Paso, TX 79925

AUTHORIZATION FOR THE USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION WITH CONDITIONS

I _____ hereby authorize the use or disclosure of my protected health information as described below. I understand that the information I authorize Preferred Administrators to receive may be re-disclosed and is no longer protected by federal privacy regulations.

1. Persons within Preferred Administrators authorized to use or make disclosure of the information:

2. Persons/organizations authorized to receive the information:

3. Specific description of information that may be used or disclosed:

4. The information will be used/disclosed for the following purposes:
- | | |
|--|---|
| a. To Make or Obtain Payment | b. For Judicial or Administrative Proceedings |
| c. To Conduct Health Care Operations | d. As Required By Law |
| e. Family Member, Other Relative, or Close Personal Friend | f. Contractors |
| g. Government Programs Providing Public Benefits | h. Secretary of Health and Human Services |
| i. Health Oversight Activities | j. Research |
| k. Public Health | l. Worker's Compensation |
| m. Serious Threat to Health of Safety | n. Disclosure to the Plan Sponsor |
| o. For Other Law Enforcement Purposes | |

5. I understand that I may revoke this authorization at any time by notifying Preferred Administrators in writing. However, the revocation will not be valid if:
a. Preferred Administrators has taken action in reliance on this authorization; or
b. if this authorization is obtained as a condition for obtaining insurance coverage, other law provides the insurer with the right to contest a claim under the policy or the policy itself.

6. I have read and understand the above information. I acknowledge that by signing this form I authorize Preferred Administrators to treat my Authorized Representative as myself, unless otherwise noted on item #3.

7. This authorization expires on _____.

Signature of Member

Date

Printed Name of Member

Member's Date of Birth

Member ID

Member's Phone Number

Member's Relationship to appointed Authorized Representative

Mail or fax form to: Preferred Administrators
P.O. Box 971370, El Paso, TX 79997-1370
Telephone Number 915-532-3778 / Fax# 915-225-1174