



1145 Westmoreland Drive
El Paso, TX 79925

AUTHORIZATION FOR THE USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

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

1. Persons within El Paso First 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:

1. To Make or Obtain Payment
2. To Conduct Health Care Operations
3. Family Member, Other Relative, or Close Personal Friend
4. Government Programs Providing Public Benefits
5. Health Oversight Activities
6. Public Health
7. Serious Threat to Health or Safety
8. For Other Law Enforcement Purposes
9. For Judicial or Administrative Proceedings
10. As Required By Law
11. Contractors
12. Secretary of Health and Human Services
13. Research
14. Worker's Compensation
15. Disclosure to the Plan Sponsor

5. This authorization expires on _____.

I understand that I may revoke this authorization at any time by notifying El Paso First in writing. However, the revocation will not be valid if:

- a. El Paso First 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.

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

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- Member Services Department
P.O. Box 971370
El Paso, TX 79997-1370
Fax# 915-532-2286

If you have any questions, please contact Preferred Administrators at 915-532-3778.