



1720 Windward Concourse, Suite 290, Alpharetta, GA 30005
1-800-366-2961 www.adminamerica.com info@adminamerica.com

Individual Authorization to Release Protected Health Information

I. Information About the Use or Disclosure

Participant Name: _____ Date of Birth: _____
Employer Name: _____

Name of Person(s) and relationship to participant authorized to receive
and use Participant's Protected Health Information: _____

Specific Information To Be Disclosed: (check all that apply)

- All PHI
- PHI Limited To The Following Date Range: From _____ To _____
- PHI Limited To The Following Service Description: _____
- Other: _____

This authorization will expire _____ (if no date is provided the authorization will expire upon the earlier of two years from the date of the authorization is signed or one year after the Participant's termination of enrollment from the applicable health plan).

II. Important Information About Your Rights

I understand that:

- This authorization is voluntary and that I may refuse to sign it;
- I may revoke this authorization at any time prior to its expiration date by sending a written revocation notice to each entity that I previously authorized to disclose health information. The revocation will not have any effect on any actions that the entity took before it received the revocation notice.
- I am not required to sign this authorization as a condition of receiving treatment or payment for health care; enrolling in a health plan; or establishing eligibility for benefits.
- Information disclosed pursuant to this authorization may be redisclosed by the receiving person or organization and upon redisclosure will no longer be protected by federal privacy laws.

III. Signature of Participant or Participant's Personal Representative

Signature of Participant or Participant's Personal Representative _____ Date _____

If the form is signed by a personal representative, complete the following information:

Printed name of the participant's personal representative: _____

Relationship to the participant (including authority to act as personal representative): _____

For Admin America Use Only:

Accepted By Admin America Privacy Officer: _____ / _____ © Admin America, Inc. 2013