CSEA Employee Benefit Fund
HIPAA Authorization Form

The CSEA Employee Benefit Fund requires a signed HIPAA waiver from all persons 18 and older in order for the EBF to release that individual's protected health information (PHI) to a third party.

TO BE COMPLETED (PLEASE PRINT)

Member's Name _____ EBF ID# _____

Applicant Name* _____ Date of Birth _____

***The Applicant Name is the individual authorizing the release of their protected health information to a third party.**

TO BE COMPLETED BY APPLICANT

A. Please indicate the type(s) of protected health information that you wish to authorize the CSEA Employee Benefit Fund to use or disclose:

Dental ☐ Vision ☐ Miscellaneous Claims Benefits ☐

B. I _____ (Name of Applicant) hereby authorize the CSEA Employee Benefit Fund to release my information to:

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

C. I understand that I may revoke this Authorization at any time. This Authorization will remain in effect until revoked by the Applicant or upon termination of enrollment in the benefit plan. To revoke Authorization, I understand that I must contact the following in writing:

CSEA Employee Benefit Fund
c/o HIPAA Privacy Officer
PO Box 516
Latham, NY 12110-0516

D. Authorization and Signature: I authorize the release of my confidential protected health information pursuant to my directions in Section B. I understand that this authorization is voluntary, that the information to be disclosed is protected by law and the use/disclosure is to be made to conform to my directions. I understand that this protected information may be subject to redisclosure by a third party and hence no longer protected. I have read the contents of this Authorization and I confirm that the contents are consistent with my directions. I understand that by signing this form, I am authorizing the use and/or disclosure of my confidential protected health information.

Applicant's Signature _____ Date _____

MAIL COMPLETED FORM TO

CSEA Employee Benefit Fund
PO Box 516
Latham, NY 12110-0516