

## Nassau County Comptroller Health Benefits Unit 240 Old Country Road Mineola, NY 11501

#### **HEALTH BENEFITS UNIT**

Nassau County Authorization for Release of Health Information

(05/13)

### **AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION**

NOTE: The only persons who can complete and sign this form to authorize the disclosure of personal information are:

- The individual who is the subject of the information to be disclosed;
- A parent or legal guardian <u>only</u> if the individual who is the subject of the information to be disclosed is a child under the age of 18; or
- A Personal Representative of the individual as designated through a Power of Attorney, Health Care Proxy, a court order, or other appropriate legal documentation.

Part A – Identify the Person Whose Information is to be Released		
Name: Identification #:		
Part B – Person(s) or Organization(s) Authorized to Receive Information		
Please complete this section with the person(s) or organization(s) you are authorizing to receive information about the person named in Part A.		
Name:		
Street Address:		
City, State, Zip:		
Email Address:		
Name:		
Street Address:		
City, State, Zip:		
Email Address:		
<b>Possibility of Re-disclosure:</b> It is possible that the person or organization you have named to receive this information may re-disclose the information and, if so, the information may no longer be protected by the federal privacy rules of the Health Insurance Portability and Accountability Act of 1996.		
Part C – Information to be Released		
Nassau County maintains information regarding eligibility for and enrollment in the various health plans offered by Nassau County. This information includes, but is not necessarily limited to, names and identification numbers of all covered persons; health plan option (i.e. Empire Plan or the specific HMO in which you are enrolled); date of birth; address; premium and payment information; and employment information for purposes of determining eligibility. We do not maintain claims information or medical records.		
I authorize the release of information maintained by Nassau County as described above.		
I authorize the release of information maintained by Nassau County as described above, with the following limitations:  (Please describe)		



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Part D – Purpose of Disclosure		
You must check one of the following to indicate a purpose for this release of information:		
Per my request		
To permit a family member or friend to act on my behalf		
Other		
Part E – Expiration of Authorization		
This authorization will remain in effect until termination of enrollment in the health plan.		
<b>Terms for Termination/Revocation:</b> You have the right to revoke this authorization at any time. However, your revocation will not affect any use or disclosure that we made in reliance upon your authorization before we learn of your revocation. You may revoke this authorization by writing to the Nassau County Comptroller's Privacy Official at the address provided below.		
Part F – Required Signature		
I authorize release of the above-specified information. I understand that I am not required to sign this form in order to receive or to be eligible to receive health care benefits (enrollment, treatment, or payment).		
Signature	Date	
Identification #	Telephone #	
If the person signing this form is not the individual whose information is being disclosed, please indicate your relationship to that person:		
Parent or legal guardian of a child under the age	of 18	
Personal Representative (please attach documentation, i.e. Power of Attorney, Court Order, Health Care Proxy)		
Mail this form to the following address:		
Nassau County Comptroller Health Benefits Unit 240 Old Country Road Mineola, NY 11501		
PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS.		

Personal Privacy Protection Law Notification: The information you provide on this form is requested for the principal purpose of authorizing the use and/or disclosure of protected health information pursuant to 45 CFR 164.508. Failure to provide the information may interfere with our ability to use or disclose protected health information necessary to administer your health plan. The information will be maintained by the Assistant County Payroll & Benefits Director, Nassau County Comptroller, Mineola, NY 11501. The information will be used in accordance with Public Officers Law section 96(1), also known as the Personal Privacy Protection Law. For information on the Personal Privacy Protection Law, call (518) 457-9375. If you have any questions regarding this form or your insurance coverage, please call (516) 571-2369 between the hours of 9:00 a.m. and 5:00 p.m. Monday through Friday.