

**AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION**

**Laborers' District Council  
Heavy and Highway Construction Health and Welfare Fund**

I \_\_\_\_\_ (individual whose information will be released) hereby authorize the use or disclosure of my health information as described in this authorization.

(1) The Laborers' District Council Heavy and Highway Construction Health and Welfare Fund is authorized to release my protected information described below.

(2) The \_\_\_\_\_ (person or organization that will receive information) is authorized to receive and use the information).

(3) Specific Description of Information to be Released (for example, claim related to service on (date); appeal information related to my client on (date):

\_\_\_\_\_

(4) Purpose of Release (If you do not wish to state a purpose please indicate "At my Request"):

\_\_\_\_\_

(5) I understand that I have the right to revoke this authorization at any time by notifying the Laborers' District Council Heavy and Highway Construction Health and Welfare Fund in writing at PO Box 37003, Philadelphia, Pennsylvania 19122. Revoking this authorization will not affect any use or disclosure made prior to receipt of my written request.

(6) I understand that after this information is disclosed, federal law might not protect it and the recipient might redisclose it.

(7) I understand that treatment, payment, enrollment or eligibility for benefits under the Welfare Plan may not be conditioned upon receipt of this authorization.

(8) I understand that I am entitled to receive a copy of this authorization.

(9) Expiration: (when this authorization will end)

This authorization will expire on \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (mm/dd/yy) OR on the occurrence of the following event:

\_\_\_\_\_  
(Examples: Until I revoke this authorization; Resolution of specific issue)

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Signature of Individual First Identified Above

\_\_\_\_\_ Date \_\_\_\_\_

**Personal Representative Information**

A personal representative is a person who has authority to act on behalf of the individual first identified above. A power of attorney or other court-related document may be required. If a personal representative is executing this form, signature of the individual first identified above is not required.

\_\_\_\_\_  
(Printed Name of Personal Representative)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Signature of Personal Representative)

Description of Personal Representative Authority:

\_\_\_\_\_