Individual's Authorization for Release of Information Form

 TPRS 101– Ver. 1 – 4/1/2003

Purpose: This form is used to confirm the direction of an Individual that Gordon & Barnett's Third Party Recovery Services, acting on behalf of the Mail Handlers Benefit Plan, use or disclose Protected Health Information (PHI) for a particular purpose.

SECTION A: The Individual or the Individual's Personal Representative Confirming the Authorization

I authorize the use and/or disclosure of my PHI as described in Section C below. I understand that this authorization is voluntary and made to confirm my direction.

I understand that if the persons or organizations that I authorize below to receive and/or use the PHI described below are not health plans, covered health care providers, or health care clearinghouses subject to federal health information privacy laws, they may further disclose the PHI and it may no longer be protected by federal health information privacy laws. I understand that Gordon & Barnett's Third Party Recovery Services is subject to these laws as a business associate of the Mail Handlers Benefit Plan.

Individual's Name:	**Individual's SSN:**
Relationship to Enrollee:	**Individual's Date of Birth:**
Enrollee's Plan ID#:	**Telephone Number:**
Address:	

SECTION B: The Use and/or Disclosure Being Authorized

Protected Health Information to be used or disclosed: Describe the specific PHI that you are authorizing to be used and/or disclosed (no other type of PHI may be listed on this authorization) **(Check one)**:

☐ Claims information submitted to the Mail Handlers Benefit Plan related to the treatment for the injury/ies or illness sustained as a result of the incident that occurred on (enter date) ________________________________.

☐ All claims information submitted to the Mail Handlers Benefit Plan.

Entities authorized to use or disclose: Name of organizations (or classes of persons and/or organizations), such as Gordon & Barnett's Third Party Recovery Services, acting on behalf of the Mail Handlers Benefit Plan, who you are authorizing to make use of and/or to disclose the PHI described above:

Gordon & Barnett's Third Party Recovery Services, including attorneys and staff members from Gordon & Barnett's Washington, D.C. office who may be assisting Third Party Recovery Services.

Entities authorized to receive and use: Name or specifically describe the persons and/or organizations (or classes of persons and/or organizations) to whom you are authorizing Gordon & Barnett's Third Party Recovery Services to disclose and/or let use the PHI described above:

Name of Law Firm Retained: ________________________________

PIP/Med Pay Carrier: ________________________________

UM/UIM Carrier: ________________________________

Liability Carrier: ________________________________

Other (such as family member): ________________________________

Individual's Authorization for Release of Information Form

SECTION C: Expiration and Revocation

Expiration: This authorization will expire (complete one):

☐ On ______/______/______

☐ The date the first/third-party action is resolved and the Mail Handlers Benefit Plan's subrogation lien has been satisfied.

Right to Revoke: I understand that I may revoke this authorization at any time by giving written notice of my revocation to the Contact Office listed below. I understand that revocation of this authorization will *not* affect any action that you took in reliance on this authorization before you received my written notice of revocation.

Contact Office: TPRS Privacy Compliance
P.O. Box 10188
Gaithersburg, MD 20898-0188
Phone (301) 670-0098 Facsimile (301) 670-9112

SIGNATURE

I, ____, have had full opportunity to read and consider the contents of this authorization, and I confirm that the contents are consistent with my direction to Gordon & Barnett's Third Party Recovery Services, acting on behalf of the Mail Handlers Benefit Plan. I understand that by signing this form, I am confirming my authorization that Gordon & Barnett's Third Party Recovery Services may use and/or disclose to the persons and/or organizations named in this form the PHI described in this form.

Signature: **Date:**

If you are not the individual named in Section A above whose PHI is to be disclosed but are legally authorized to grant permission on that individual's behalf, please provide us with the basis for your legal authority to serve as the individual's personal representative, your printed name, signature, and date. Unless you state that you are the parent of an unemancipated minor child, you also must provide us with adequate documentation of your authority to make health care decisions, including payment for health care decisions, for the individual.

Type of Personal Representative (Parent/Guardian/Power of Attorney):

Printed Name of Personal Representative:

Signature of Personal Representative:

Date:

YOU ARE ENTITLED TO A COPY OF THIS AUTHORIZATION FORM AFTER YOU SIGN IT.

The Individual who is authorizing Gordon & Barnett's Third Party Recovery Services to disclose the Protected Health Information (PHI) is required to complete, sign and return the Authorization before the PHI can be disclosed.

If the Individual is an unemancipated minor (under age 18 in all states except Alabama and Nebraska (age 19) and Pennsylvania (age 21)), either parent, who has authority to make health care decisions for the child, may complete, sign and return the Authorization before the PHI can be disclosed.

In a divorce situation, if the unemancipated minor lives with the other parent who has authority to make health care decisions regarding the minor, he/she may complete, sign and return the Authorization before the PHI can be disclosed.

Each Individual for whom PHI is to be disclosed must complete a separate Authorization. If additional copies are needed, you may make copies of this one, download a copy from Gordon & Barnett's website, http://www.gordon-barnett.com/CM/TPRS/tprs-101-hipaa-form.pdf, or you may call Third Party Recovery Services at (301) 610-0919 and we will be happy to provide you with additional copies.

You may fax the completed form to us at (301) 610-9112.