Authorization to Disclose Personal Information

1. I authorize any physician, medical or dental practitioner, hospital, clinic, pharmacy, benefit manager, other medical care facility, health maintenance organization, insurer, employer, consumer reporting agency and any other provider of medical or dental services to release records containing the personal information of:

Claimant / Patient Name: _____ _____ _____
(Last) (First) (Middle)

2. Personal information includes medical history, mental and physical condition, prescription drug records, alcohol or drug use, and financial and occupational information.

3. You may release information to:

SEIU 668
PSSU Local Unit Health and Welfare Fund
2589 Interstate Drive
Harrisburg, PA 17110-9602

4. I understand that the personal information that is disclosed will be used only by PSSU Local Unit Health and Welfare Fund to evaluate my claim for disability benefits and that if I refuse to sign this authorization my claim for benefits may not be paid.

5. I understand that if the person or entity to whom information is disclosed is not a health care provider or health plan subject to federal privacy regulations, the personal information may be re-disclosed without the protection of the federal privacy regulations.

6. This authorization will expire 24 months after the date it is signed.

7. I understand that I may revoke this authorization at any time by providing a written request to Mutual of Omaha Insurance Company and United of Omaha Life Insurance Company at the above address. If I revoke this authorization, it will not affect any use or disclose of personal information that occurred prior to the insurer's receipt of my revocation.

_____ _____

Signature of Claimant Date

If applicable: I am the legal representative of the claimant and I am authorized to grant permission on behalf of the claimant.

Printed name of Legal Representative: _____

Signature of Legal Representative: _____

Type of Legal Representative: _____

THIS AUTHORIZATION COMPLIES WITH HIPAA AND OTHER FEDERAL AND STATE LAWS