BAY AREA ROOFERS HEALTH AND WELFARE TRUST FUND

Authorization for Release of Health Information

Name: _____

Address: _____

Telephone Number: _____ Social Security Number: _____

I hereby authorize the use and/or disclosure of the above-named individual's health information as described below. I understand that this authorization is voluntary. I also understand that if the person or organization authorized to receive the information is not a health plan or health care provider, the released information may be re-disclosed and may no longer be protected by the federal privacy regulations.

1. Person/organization (or class of persons) authorized to disclose the health information:
United Administrative Services, Administrator for Bay Area Roofers Health and Welfare Trust Fund.

2. Person/organization (or class of persons) authorized to receive the health information:

[ ] Spouse (name): _____ [ ] Other: _____

3. Description of health information that may be used/disclosed (check one):

[ ] All information [ ] Only: _____

4. Purpose of use/disclosure (check one): [ ] At the request of the Individual

[ ] Other: _____

5. This authorization is effective (check one): [ ] Until revoked [ ] Until _____

6. I understand that:

- I may refuse to sign this authorization and that my refusal to sign will not affect my ability to enroll in a health plan, obtain health care treatment or payment or eligibility for benefits.
- I may revoke this authorization at any time by providing written notice to:
  Privacy Officer
  United Administrative Services
  P.O. Box 5057
  San Jose, CA 95150
- My revocation will not affect any actions already taken in reliance on this authorization.
- I may inspect or copy any information to be used or disclosed under this authorization.

7. A copy of this form, including a facsimile copy, shall be treated as an original.

A COPY OF THIS SIGNED FORMED MUST BE GIVEN TO THE INDIVIDUAL

_____ _____
Signature of Individual (or Legal Representative) Date

_____ _____
Print Name Basis of Legal Representative's Authority

Mail to: United Administrative Services
P.O. Box 5057
San Jose, CA 95150