

Operating Engineers Local #139 Health Benefit Fund
Authorization to Release Protected Health Information (PHI) By the Fund

Name of 139 Member _____ OEF or SSN _____

You MUST complete all of the information requested on this form for your authorization to be valid.

I authorize the Fund to disclose my Protected Health Information (PHI) as described in this authorization. I understand the Fund may not determine my treatment, payment, enrollment or eligibility for benefits on whether or not I give the authorization listed in this form.

1. The Fund can release PHI to: The Fund is authorized to release the PHI described below to the following person(s) or organization:

- My Parents (Please list names): _____
- My Spouse (Please list name): _____
- Other (List full names): _____

2. The information that may be used or released is:

- All Information held by the Fund concerning my eligibility, benefits, claims decisions and payments.
- Other: Please specify what to disclose below.

3. Right to revoke: I understand that I have the right to revoke this authorization at any time by notifying the Fund Office in writing at the address listed below. I understand that the revocation is only in effect after it is received and logged by the Fund. I understand that any use or disclosure made prior to the revocation under this authorization is not a violation of my privacy.

4. Re-Release of information: I understand that after this information is released, federal law might not protect it and the recipient might re-release it. I also understand and agree not to hold the Fund and any of its agents liable if the information is re-released.

5. Validity of form: This form is valid until the earliest of the following:

- The date the Fund receives my cancellation form.
- Other: _____

6. Acknowledgement and signature: I understand that I have the right to refuse to sign this authorization form.

Signature: _____

Date: _____

Print your name: _____

Mail or Fax completed forms to:

Operating Engineers Health Benefit Fund
PO Box 160
Pewaukee, WI 53072

Fax: (262) 549-3549
Phone: (800) 242-7018