Authorization to release Protected Health Information

I hereby authorize the use of disclosure of my individually identifiable health information as described below. I understand that this authorization is voluntary and that I may revoke it at any time by submitting my revocation in writing to the entity providing the information. Any uses or disclosures already made with my permission cannot be taken back. I understand that information used or disclosed pursuant to this Authorization may be subject to re-disclosure and no longer protected under federal law. Please complete a separate form for each individual covered under the plan who wants to share information. Information obtained or disclosed with this authorization will be limited to the minimum information needed to achieve the purpose.

Participant first name	Participant last name
Participant employer	Member identification

I authorize BenefitHelp Solutions to share my Protected Health Information with:

First name	Last name
Relationship	Contact number

For the following accounts:

- ☐ Healthcare account
- ☐ Dependent care account
- ☐ Transit account

And the following information related to the account:

- ☐ All information
- ☐ Eligibility and balances
- ☐ Claim status
- ☐ Other

This authorization will be in effect for the shorter of 24 months or the dates listed below:

Authorization start	Authorization end

This authorization will be in effect for the shorter of 24 months or until the event listed below:

Authorization event

I have reviewed and understand this authorization (if a member's representative please include a legal documentation stating you are the legal guardian or holder of power of attorney)

Participant's signature	Signature date
X	

Please submit this form prior to or with the first claim filed for the specified services or products. Your letter of medical necessity will only apply to expenses incurred between the treatment start and end dates. It will expire one year after the date of your provider's signature. Submitting this form does not guarantee your expense will be reimbursed. BHS will reimburse your expense only if Internal Revenue Service (IRS) guidance permits us to do so.