

AUTHORIZATION FORM FOR RELEASE OF PROTECTED HEALTH INFORMATION (PHI)

I authorize the use and disclosure of my PHI as described below. My PHI is individually identifiable health information, including demographic information, collected from me, created or received by a health care provider, a Group Health Plan (GHP), my employer, or a health care clearinghouse, and which relates to my past, present, or future physical or mental health or condition. The following individual, organization or class of persons (e.g. group of individuals within the organization) is authorized to use or disclose my PHI: RSD Human Resources, Loomis Health Providers, REA President and Sick Bank Officer, PSEA attorney(s) and REA office secretary. The following individual, organization, or class of persons is authorized to receive my PHI: same as above. The PHI may be used and disclosed as follows: all items dealing with medical benefits (including dental, eye and prescriptions). My PHI will be used or disclosed for the following purpose(s): Information to be used or disclosed as it relates to payment(s), enrollment(s), and/or claim settlement(s). I understand that if my PHI is to be received by individuals or organizations that are not health care providers, health care clearinghouses, or GHPs covered by federal privacy regulations, my PHI described above may be redisclosed and no longer protected by federal privacy regulations. I understand that I may revoke this authorization at any time by sending written notification to the REA office at 125 Morgantown Road Suite 2, Reading, PA 19611, and this revocation will be effective for future uses and disclosure of PHI. However, I further understand that this revocation will not be effective for information that Reading School District already has used or disclosed, relying on this authorization. This authorization expires with: termination of employment with the Reading School District or sooner if requested in writing.

Name of Covered Individual (please print): _____

Signature of Covered Individual: _____

Please return this form via scan by emailing to: mazurj@readingsd.org and president@readingea.com

USPS Mail: Reading Education Association (REA) Office 125 Morgantown Road Suite 2 Reading, Pa 19611