UNITED FEDERATION OF TEACHERS WELFARE FUND
PHI-AUTHORIZATION FORM

I,_____ hereby authorize the United Federation of Teachers Welfare Fund to (check those that apply):

__ Use the following protected health information, and/or

__ Disclose the following protected health information

To [Name of entity to receive information]: _____

[Specifically describe the information to be used or disclosed, including, but not limited to, meaningful descriptors such as date of service, type of service provided, level of detail to be released, origin of information, etc.]

_____

_____

_____

This protected health information is being used or disclosed for the following purposes:
[Listed specific purposes]

_____

_____

This authorization shall be in force and effect until_____ [specify (1) date or (2) event that relates to the member or the purpose of the use or disclosure] at which time this authorization to use or disclose this protected health information expires.

I understand that I have the right to revoke this authorization, in writing, at any time by sending such written notification to Geof Sorkin, Privacy Officer, at 52 Broadway, New York, NY 10004 or by telephone at (212) 539-0500. I understand that a revocation is not effective to the extent that the United Federation of Teachers Welfare Fund has relied on the use or disclosure of the protected health information.

I understand that information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by federal law.

The United Federation of Teachers Welfare Fund will not condition my treatment or payment on whether I provide authorization for the requested use or disclosure.

I understand that I have the right to:

- Inspect or copy protected health information, and/or
- Refuse to sign this authorization.

_____
Signature of Member/Dependent or Personal Representative

_____
Print Member's Last Name and Social Security Number

_____
Date

_____
Print Name of Member/Dependent or Personal Representative