



AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION AND APPOINTMENT OF PERSONAL REPRESENTATIVE

This form is used to appoint a Personal Representative who is authorized to discuss or disclose protected health information and other benefit information with Mercer Administration at the request of the individual.

SECTION 1: INDIVIDUAL AUTHORIZING DISCLOSURE

Individual Name: _____
Employee Name: _____
Employee Address: _____
Employee Social Security Number*: _____
Employer Name: _____

SECTION 2: TYPE OF INFORMATION

Personal Health Information, including, but not limited to, identification of treating providers of care, diagnoses, procedures and demographic information.

SECTION 3: AUTHORIZED USE and / or DISCLOSURE

I hereby authorize the use or disclosure of my individually identifiable health information as described below. I appoint the individual named below to act on my behalf as Personal Representative for myself and/or my minor dependents named _____ with regard to:

- inquiries and claims for health care and other benefits.
- inquiries and claims for health care and other benefits limited to the following: _____
- inquiries and claims for health care and other benefits on or after the effective date of this appointment.

Personal Representative's Name: _____

*Personal Representative's PIN number / Password: _____

*Please select a PIN number or Password that is easy for the Personal Representative to remember. This will be utilized in caller verification.

Specific Authorization for Mental Health, Substance Abuse Treatment or AIDS-Related Information:

I authorize the release and disclosure of any and all personal health information, including specifically mental health information, substance abuse (drug or alcohol), and AIDS-related information, if applicable, and all claims information to the individual named above as long as this appointment of Authorization Representative is in effect. I understand that I may inspect the mental health information disclosed.

