

AUTHORIZATION FOR USE OR DISCLOSURE OF HEALTH INFORMATION

By law, the health insurance plans of Williams College may use or disclose a person's protected health information without the person's authorization in order to carry out the person's treatment, to coordinate payment for treatment, or to run their health care operations. They may also use or disclose this information without the person's authorization to the extent allowed by law, such as reports to public health agencies.

Uses and disclosures of your protected health information for other purposes require your written authorization, which you can provide by completing and signing this form.

Part One:

Your name: _____ Your Social Security Number: _____
(Print Name)

Part Two: I authorize _____
(fill in Williams College office or department)

of Williams College to disclose my health care information to:

Name, office or entity: _____

Address: _____

City, State: _____ Zip Code: _____

(for example, for assisting in resolving a claims dispute with the insurance carrier)

Part Three: This authorization applies to (check one of the following):

_____ All of my health care information.

_____ My health care information relating to:

(for example, specify the treatment, condition, dates of treatment, request for payment, claim, or other item)

Part Four: I authorize the use and disclosure of the health information described in Part Three for the purpose(s) of:

(for example, "for a leave request under the Family and Medical Leave Act")

Part Five: You can authorize the recipient of your information to use this information until a specific date or until a specific event happens, such as the completion of your treatment.

Please fill out below which expiration date you prefer:

This authorization ends on the date of: _____

This authorization ends after the following event happens: _____

Unless the occurrence of the event (if any) indicated above would come to the attention of the Williams College office or department listed in Part Two in the ordinary course of business, you must notify the Williams College office or department listed in Part Two when the event occurs. If you do not do so, Williams College is entitled to rely on your authorization when it releases any information.

Part Six: You have the right to withdraw this authorization at any time. However, until you withdraw this authorization in the manner described in the next paragraph, Williams College is entitled to rely on your authorization when it releases any information.

If you choose to withdraw this authorization, you must send a letter to the Williams College office or department listed in Part Two above to whom you gave this authorization. Your withdrawal of authorization does not affect information that is released before that Williams College office or department receives your letter withdrawing this authorization.

Part Seven: In signing this authorization form, you understand that Williams College cannot guarantee that the person or entity to whom the information is given will be subjected to the Health Insurance Portability and Accountability Act of 1996 or any other health information privacy law and will not redisclose the information, because Williams College has no control over that third party.

Part Eight: Health care treatment, payment, enrollment in a health plan, or eligibility for benefits, if applicable, is not conditioned on your signing this authorization.

Part Nine: You have the right to: (1) inspect or copy the health information that is used or disclosed; and (2) refuse to sign this authorization.

I have read this information, and I will receive a copy of this authorization form after it is signed.

Print name of individual or individual's personal representative*

Signature of individual or individual's personal representative*

Date

Print description of authority of individual's personal representative*

*In general, a personal representative's authority to act for an individual is based on the representative's authority under applicable law to make health care decisions for the individual. Examples include health care power of attorney, general power of attorney, and legal guardian.