

BENEFITHELP *Solutions*

BENEFITHELP SOLUTIONS AUTHORIZATION TO DISCLOSE PROTECTED HEALTH INFORMATION

Member: _____ Member ID#: _____

Current or Former Employer Name: _____

I authorize: The Member Specialists at BenefitHelp Solutions

to obtain and disclose my Protected Health Information to:

(Include the name, address and telephone number of the person to whom you wish us to release your Protected Health Information)

For the purpose of:

- Enrolling in a health plan
 Disenrolling from a health plan
 Eligibility for coverage
 Billing and Premium Payments
 Other: _____

Information obtained or disclosed with this authorization for the purpose defined above will be limited to the minimum information to achieve the purpose.

I have the right to revoke this Authorization in writing at any time. If I revoke this Authorization, the information described above will no longer be disclosed for the reasons covered by this written Authorization except to the extent action has been taken with reliance on this Authorization. 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 redisclosure and no longer protected under federal law.

Benefits
Administration

P.O. Box 67240
Portland, OR 97268.1240
Phone: 800.822.3173
or: 503.765.3460
Fax: 503.765.3453
www.benefithelpsolutions.com

See other side of this page for required signature

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This authorization shall be in force and in effect until the following:

___ **Date:** _____(Not to exceed 24 months)

- OR-

___ **Event:** _____
(Describe event)

I have reviewed and I understand this Authorization.

By: _____ **Date:** _____
(Individual)

- OR -

By: _____ **Date:** _____
(Individual's Representative)

Relationship to member: ___ Parent ___ Legal Guardian* ___ Hold Power of Attorney*

***Please attach legal documentation of you are the legal guardian or Holder of Power of Attorney**

To revoke this Authorization, please send a written statement to BenefitHelp Solutions, Attention Privacy Office,
10505 SE 17th Avenue, Milwaukie OR 97222-7475

ALL FIELDS MUST BE COMPLETED FOR THIS AUTHORIZATION TO BE VALID.

MEMBER MUST BE GIVEN A COPY OF THE COMPLETED FORM.

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