



AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize the use or disclosure of my individually identifiable health information as described below.

I understand that this authorization is voluntary, that I may refuse to sign this authorization, and that I may revoke it at any time by submitting my revocation in writing to TASC.

PARTICIPANT INFORMATION <i>(to be completed by participant)</i>	
Participant Name:	
Employer Name:	
Employee Number/ID:	
Below, list all Persons/Organizations authorized to receive the information:	
All of my health information can be disclosed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please provide specific description of information to be used or disclosed:	

☐ I understand the specific purpose of the disclosure may be made at the request of the authorized individual.

This authorization will expire upon termination of coverage. However, I may revoke authorization at any time by submitting written revocation to TASC.

☐ I have read and understand the following statements about my rights

- I may revoke this authorization at any time prior to its expiration date by notifying the providing organization, in writing, but the revocation will not have any effect on any actions that the business associate took before receiving the revocation.
- I may see and copy the information described on this form if I ask for it.
- I am not required to sign this form to receive my health care benefits (enrollment, treatment, or payment).
- The information that is used or disclosed pursuant to this authorization may be re-disclosed by the receiving business associate. I have the right to seek assurances from the above-named persons/organizations authorized to receive the information that they will not re-disclose the information to any other party without my further authorization.

Signature of Individual or Individual's Representative <i>(form must be completed prior to signing)</i> :	Date:
Printed Name:	

TASC complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-608-316-2408.

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-877-533-5020 (TTY: 1-800-947-3529).

Please fax or mail completed forms to:

Total Administrative Services Corp (TASC) • PO Box 7511 • Madison, WI 53707-7511

Phone: 844-786-3947 • Fax: 877-231-1287

SW-5527-101016