



Nassau County Comptroller
 Health Benefits Unit
 240 Old Country Road
 Mineola, NY 11501

HEALTH BENEFITS UNIT

Nassau County Authorization for Release of Health Information

(05/13)

AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

NOTE: The only persons who can complete and sign this form to authorize the disclosure of personal information are:

- The individual who is the subject of the information to be disclosed;
- A parent or legal guardian - only if the individual who is the subject of the information to be disclosed is a child under the age of 18; or
- A Personal Representative of the individual as designated through a Power of Attorney, Health Care Proxy, a court order, or other appropriate legal documentation.

Part A – Identify the Person Whose Information is to be Released

Name: _____ Identification #: _____

Part B – Person(s) or Organization(s) Authorized to Receive Information

Please complete this section with the person(s) or organization(s) you are authorizing to receive information about the person named in Part A.

Name: _____

Street Address: _____

City, State, Zip: _____

Email Address: _____

Name: _____

Street Address: _____

City, State, Zip: _____

Email Address: _____

Possibility of Re-disclosure: It is possible that the person or organization you have named to receive this information may re-disclose the information and, if so, the information may no longer be protected by the federal privacy rules of the Health Insurance Portability and Accountability Act of 1996.

Part C – Information to be Released

Nassau County maintains information regarding eligibility for and enrollment in the various health plans offered by Nassau County. This information includes, but is not necessarily limited to, names and identification numbers of all covered persons; health plan option (i.e. Empire Plan or the specific HMO in which you are enrolled); date of birth; address; premium and payment information; and employment information for purposes of determining eligibility. We do not maintain claims information or medical records.

_____ I authorize the release of information maintained by Nassau County as described above.

_____ I authorize the release of information maintained by Nassau County as described above, with the following limitations:
 (Please describe)
