Member Services Department 1145 Westmoreland Drive El Paso, TX 79925

AUTHORIZATION FOR THE USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION WITH CONDITIONS

I _____ hereby authorize the use or disclosure of my protected health information as described below. I understand that the information I authorize Preferred Administrators to receive may be re-disclosed and is no longer protected by federal privacy regulations.

1. Persons within Preferred Administrators authorized to use or make disclosure of the information:

_____

_____

2. Persons/organizations authorized to receive the information:

_____

_____

3. Specific description of information that may be used or disclosed:

_____

_____

4. The information will be used/disclosed for the following purposes:
   a. To Make or Obtain Payment
   b. For Judicial or Administrative Proceedings
   c. To Conduct Health Care Operations
   d. As Required By Law
   e. Family Member, Other Relative, or Close Personal Friend
   f. Contractors
   g. Government Programs Providing Public Benefits
   h. Secretary of Health and Human Services
   i. Health Oversight Activities
   j. Research
   k. Public Health
   l. Worker's Compensation
   m. Serious Threat to Health of Safety
   n. Disclosure to the Plan Sponsor
   o. For Other Law Enforcement Purposes

5. I understand that I may revoke this authorization at any time by notifying Preferred Administrators in writing. However, the revocation will not be valid if:
   a. Preferred Administrators has taken action in reliance on this authorization; or
   b. if this authorization is obtained as a condition for obtaining insurance coverage, other law provides the insurer with the right to contest a claim under the policy or the policy itself.

6. I have read and understand the above information. I acknowledge that by signing this form I authorize Preferred Administrators to treat my Authorized Representative as myself, unless otherwise noted on item #3.

7. This authorization expires on _____.

_____ _____
Signature of Member Date

_____ _____
Printed Name of Member Member's Date of Birth

_____ _____
Member ID Member's Phone Number

_____
Member's Relationship to appointed Authorized Representative

Mail or fax form to: Preferred Administrators
P.O. Box 971370, El Paso, TX 79997-1370
Telephone Number 915-532-3778 ext. 1529 / Fax# 915-298-7863