DIVERSIFIED BENEFIT SERVICES, INC.
Excellence in Benefit Management Solutions

Authorization for Release of Health Information

Participant Information

Participant Name (please print): _____

Employer Name: _____

Email: _____

Phone Number: _____ Last 4 Digits of SS#: ☐☐☐☐

Authorization

I, _____, hereby authorize the use or disclosure of my personal health information (PHI) as described in this authorization. I understand that no compensation will be received/paid for the receipt or disclosure of the information under this authorization.

1. **Organization authorized to provide information:** Diversified Benefit Services, Inc.
2. **Specific person or organization authorized to receive information:** _____
3. **PHI may be released for the following plans (check all that apply):**

   ☐ Flexible Spending Account (FSA) ☐ Health Reimbursement Arrangement (HRA)

4. **Right to revoke:** I understand that I have the right to revoke this authorization, by written notice, at any time by notifying **Diversified Benefit Services, Inc. at (800)234-1229.** (I also understand that the revocation will only become effective after it is received and logged by Diversified Benefit Services, Inc. I understand that any use or disclosure made prior to the time that such revocation becomes effective will not be affected by that revocation.)
5. **Disclosed Information:** I understand that after the information which is the subject of this authorization is disclosed, it will not be protected by federal or state law and the recipient may disclose it to others.
6. **Copy of this Agreement:** I understand that I am entitled to receive a copy of this authorization form. Further, I understand that I may inspect and/or copy the information disclosed under this authorization.
7. **Expiration of Authorization:** I understand that this authorization will expire _____ days after the date of this document (unless revoked earlier pursuant to section 4 above).

   I hereby execute this authorization form effective _____ day of 20_____.

   Signature: _____ ☐ Participant or ☐ Guardian/Representative

   If signed by a guardian/representative, the signor represents and warrants that s/he has the authority to sign this form on the basis of:_____.

DBSbenefits.com

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