



HIPAA AUTHORIZATION: FOR USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Ohio Public Employees Retirement System
277 East Town Street, Columbus, Ohio 43215-4642

1-800-222-PERS (7377)
www.opers.org

Use this form to authorize the disclosure of information related to a benefit recipient's participation in an OPERS health plan, including a Health Reimbursement Arrangement account. The form alone does not authorize the disclosure of Protected Health Information. **You or the third party must contact OPERS separately to request specific information under the authorization.** This form will not authorize the release of retirement account information. If you wish to authorize release of your retirement account information, please contact OPERS to request an *Authorization to Release Account Information* form.

STEP 1: Participant's Personal Information

Participant's First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Participant's Social Security Number	Participant's Date of Birth	
<input type="text"/>	Month	Day Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

STEP 2: Authorization Disclosure

1. Protected Health Information to be disclosed - This information will only be disclosed when you or the third party contact OPERS to request specific PHI. Select the information you are authorizing OPERS to disclose to the third party.

- Plan eligibility, plan participation, including pre-Medicare group coverage, dental, vision, Member-Directed Plan RMA, Wellness RMA, Health Reimbursement Arrangement
 - Health care enrollment and coverage information, including covered individuals, monthly premium, allowance amount, direct billing
 - Other - Describe, fully, the information that is the subject of this authorization and which OPERS is permitted to disclose.
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2. If you are the personal representative of the participant, describe the scope of your authority to act on the participant's behalf, and provide supporting documentation (e.g. Power of Attorney, Letters of Guardianship):
