PARENTE | HR SERVICES
A Parente Randolph Company

AUTHORIZATION FORM
Use & Disclosure of Protected Health Information

This form will allow Parente HR Services (a.k.a. the Employee Service Center or Employee Benefits Service Center) to release Protected Health Information to the person(s) or entities specified on this form.

PERSON AUTHORIZING RELEASE

EMPLOYEE/PARTICIPANT NAME: _____

EMPLOYER: _____

DATE OF BIRTH: _____

SOCIAL SECURITY # (Last Four Digits Only): XXX – XX – _____

ADDRESS: _____

PERSONS/ENTITIES RECEIVING AUTHORIZATION

I authorize the persons or entities below to obtain and/or review my Protected Health Information:

☐ Parente HR Services (to review and/or assist with claim matters)

☐ Other: _____

Relationship: _____

☐ Other: _____

Relationship: _____

☐ Other: _____

Relationship: _____

Purpose for releasing information: _____

This authorization expires: upon termination of employment (expiration may be altered by Employee/Participant)
(date or event)

SIGNATURE

I understand that information used or disclosed based on this authorization may be subject to re-disclosure by the recipient and will no longer be protected by federal privacy regulations. I understand that I may revoke this authorization by sending a written request to Parente HR Services, 1200 Abington Executive Park, Clarks Summit, PA 18411. The provision of treatment, payment, enrollment or eligibility for benefits does not depend on whether you sign this authorization.

_____ _____
MEMBER/PARTICIPANT SIGNATURE DATE

A copy of this signed authorization form will be maintained by Parente HR Services and can be provided upon request. However, it is recommended that you keep a signed copy for your records.

To return your completed form, please fax it to 1-866-406-6946
or mail it to Parente HR Services, 1200 Abington Executive Park, Clarks Summit PA 18411.