



Employee Benefit Trust
HIPAA Authorization for Use or Disclosure
of Protected Health Information (PHI)

This authorization, unless limited below or subsequently revoked, grants the Christian Brothers Employee Benefit Trust (CBEBT) the right to use or disclose all personal medical information including medical information about any diagnosis or treatment for any mental health, substance abuse, sexually transmitted diseases, cancer and/or genetic condition.

Please complete the entire form and email it to ...

Individual Whose Information is to be Disclosed

Form with fields for Name, Address, City, State, Zip, and CBEBT ID Number.

Name of Person(s) Information can be Disclosed to

Form with columns for Name and Relationship, containing three rows of input fields.

Information to be Disclosed

Form with checkboxes for 'Complete medical record' and 'Only the following medical information', followed by a large text input area.

Acknowledgement of Privacy Rights

I understand that:

- List of three bullet points regarding revocation, re-disclosure, and health care provider conditions.

I understand that I have the right to:

- List of three bullet points regarding inspecting/copying information, revoking authorization, and refusing to sign.

Form with fields for Signature of individual requesting disclosure, Date, If Minor, Print Name of Plan Member, and Description of Personal Representative's Authority.